

Exhibit 17

Thompson, Serena

From: Donovan, Janine
Sent: Monday, December 16, 2013 8:47 AM
To: Hyde, Dorrell; Kennedy, Lauren
Cc: Romano, Israel; Thompson, Serena
Subject: RE: RHU Night Update- Serious Concerns!!

Good morning,

Has Dr. Harris been made aware of the ongoing issue of people getting out of their cells in the RHU? This has happened more times than I can remember in the past 3 months that we have been on QL7. M [REDACTED], K [REDACTED] and L [REDACTED] have each gotten out of their cells several times. This latest update from Serena is especially alarming. How was an inmate able to not only get out of his cell, but make his way to the day room to hit the officer in the head with a weapon? What if it had been Serena that he was going for? Thank God it was not! I am growing tired of having to work on edge all day in such a high risk setting. Yes, I understand this comes along with the environment in which we work, to some extent. But not to the extent of the persistent danger that has been an ongoing issue in the RHU. We worked in QL8 for about 10 months and no one ever got out of their cells. Perhaps QL7 is not properly built to house this caliber of inmate. The building is old and the walls crumble after being hit several times with the toilet, sink, etc. This is not a safe environment for clinicians to be in all day long, the way the RHU program requires us to be. Something really needs to be done before one of us gets seriously hurt. We have had far too many "close calls."

Thank you

Janine

Janine Donovan, LMHC

Rikers Island Correctional Facility
AMKC, R.H.U.
18-18 Hazen St, Elmhurst NY 11370
Phone (718) 546-3888
Fax (718) 546-3891
Email: janine.donovan@corizonnyc.com

From: Thompson, Serena
Sent: Friday, December 13, 2013 11:54 PM
To: Donovan, Janine; Romano, Israel
Cc: Hyde, Dorrell; Kennedy, Lauren
Subject: RHU Night Update

****L [REDACTED] broke out of his cell and hit M [REDACTED] in the head with a mop and then started throwing cinderblocks at the officers- while I was in the dayroom. I thought he was after me b/c I knew he was angry with me about his level- (He wasn't though). The probe team came and then brought him right back- about 2 seconds. He started breaking apart another cell. Eventually was taken to intake.....I need a raise, some hazard pay , oh and a gate one!!**

Unneland, Linda

From: Mintz, Amanda
Sent: Tuesday, April 29, 2014 11:37 PM
To: Frey, Matthew; Unneland, Linda; Greenberg, Naomi
Subject: RE:

Once again I am left speechless

From: Frey, Matthew
Sent: Tuesday, April 29, 2014 11:36 PM
To: Unneland, Linda; Mintz, Amanda; Greenberg, Naomi
Subject: RE:

It's never ending, I had an inmate smash his head against the plexiglass and wood behind me when I told him he wouldn't be getting moved to the MO. The CO's thought the sound was coming from outside the building it was so loud... it wasn't until one of them turned around did they intervene. GMDC GP MH Clinic is a death trap, tight quarters, one exit, nowhere to go and only one CO outside of it who can't even see in because he's facing the other way.

From: Unneland, Linda
Sent: Tuesday, April 29, 2014 11:33 PM
To: Mintz, Amanda; Frey, Matthew; Greenberg, Naomi
Subject: RE:

A [REDACTED] M [REDACTED] apparently assaulted 2 C.O.s last night and again, the inmates had to come to their aid.

Linda Unneland, LCSW-R
Mental Health Clinician, AMKC
Rikers Island Correctional Facility
CORRECTIONAL MEDICAL ASSOCIATES OF NEW YORK, P.C.
Office: 347-774-7510
E-Mail: Linda.Unneland@CorizonNYC.com
Mailing: 49-04 19th Avenue | Astoria, NY 11105

From: Unneland, Linda
Sent: Monday, April 28, 2014 9:38 PM
To: Mintz, Amanda; Frey, Matthew; Greenberg, Naomi
Subject: RE:

Yes, 12 Mod. Half the time these guys don't take their medication and the other half they have no business being in a dorm.

Linda Unneland, LCSW-R
Mental Health Clinician, AMKC
Rikers Island Correctional Facility
CORRECTIONAL MEDICAL ASSOCIATES OF NEW YORK, P.C.
Office: 347-774-7510
E-Mail: Linda.Unneland@CorizonNYC.com
Mailing: 49-04 19th Avenue | Astoria, NY 11105

From: Mintz, Amanda
Sent: Monday, April 28, 2014 9:19 PM
To: Unneland, Linda; Frey, Matthew; Greenberg, Naomi
Subject: RE:

Was that on 12MOD? There was a big fight there earlier in the night, and I think an officer had to go out

Amanda Mintz, MA

Mental Health Treatment Aide Supervisor - CAPS Unit

From: Unneland, Linda
Sent: Monday, April 28, 2014 8:59 PM
To: Frey, Matthew; Greenberg, Naomi; Mintz, Amanda
Subject: RE:

So today I decided not to step foot on any of the units and I am so glad! In the middle of a Suicide Watch assessment conducted while in the bubble through the small window, this guy comes out of nowhere and goes apeshit punching the plexiglass window and ripping the phone out of the wall. That could have easily been my head. There is no job in the world worth that! Personally, I am not stepping foot in another unit unless they are all locked in!

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Mental Health Clinician, AMKC
Rikers Island Correctional Facility
CORRECTIONAL MEDICAL ASSOCIATES OF NEW YORK, P.C.
Office: 347-774-7510
E-Mail: Linda.Unneland@CorizonNYC.com
Mailing: 49-04 19th Avenue | Astoria, NY 11105

From: Frey, Matthew
Sent: Monday, April 28, 2014 8:42 PM
To: Unneland, Linda; Greenberg, Naomi; Mintz, Amanda
Subject: RE:

Man, if there were huge headlines reporting this shit, then political pressure, then maybe changes will happen...till that day, humph, mneh

From: Unneland, Linda
Sent: Monday, April 28, 2014 7:50 PM
To: Greenberg, Naomi; Mintz, Amanda; Frey, Matthew
Subject: RE:

Let's see, there were 6 of them on the unit and they did not do a blessed thing to keep that inmate away from her, she suffered a broken jaw as a result and they are getting commendations? We should call for the immediate resignation of this fool. It is clear he did not see the assault on the second intern. He probably got sold a bag of good that it was "accidentally erased." This guy needs to go back to Maine. The inmates are running the show, getting progressively more bold and violent and he wants to give them "time outs" and issue commendations to Officers who do not prevent injuries from occurring. It is an insult to all of us. Wait and see, they are going to start slashing DOC staff, it is just a matter of time.

Linda Unneland, LCSW-R
Mental Health Clinician, AMKC
Rikers Island Correctional Facility

CORRECTIONAL MEDICAL ASSOCIATES OF NEW YORK, P.C.
Office: 347-774-7510
E-Mail: Linda.Unneland@CorizonNYC.com
Mailing: 49-04 19th Avenue | Astoria, NY 11105

From: Greenberg, Naomi
Sent: Monday, April 28, 2014 7:44 PM
To: Unneland, Linda; Mintz, Amanda; Frey, Matthew
Subject: RE:

Wowwwww, an inmate slashed on 11 mod today????????? For that reason? Sick sick

He also came to GRVC to do the same for the officers who came to Stephanie's aide.

From: Unneland, Linda
Sent: Monday, April 28, 2014 7:41 PM
To: Mintz, Amanda; Frey, Matthew; Greenberg, Naomi
Subject: RE:

Yes, Francois just confirmed the date. Amanda, don't do anything that does not feel right to you. I am sure there will be plenty of people going,

There was, in fact, a slashing but it was of an inmate who refused to give in to peer pressure to slash a Captain, so they slashed him instead on 11 Mod. I hear there is a whole list of targets.

Also, Mr. Commish was here today at roll call apparently to give a commendation to the Officer on L2 who reportedly came to the "immediate" aide of the student last week. Excuse me all, I am about to puke.

Linda Unneland, LCSW-R
Mental Health Clinician, AMKC
Rikers Island Correctional Facility
CORRECTIONAL MEDICAL ASSOCIATES OF NEW YORK, P.C.
Office: 347-774-7510
E-Mail: Linda.Unneland@CorizonNYC.com
Mailing: 49-04 19th Avenue | Astoria, NY 11105

From: Mintz, Amanda
Sent: Monday, April 28, 2014 6:33 PM
To: Unneland, Linda; Frey, Matthew; Greenberg, Naomi
Subject: RE:

I heard Wednesday May 7th. Is that the correct time?

Also, I'm not in the union. I don't know if it will jeopardize anything if I go

Amanda Mintz, MA
Mental Health Treatment Aide Supervisor - CAPS Unit

From: Unneland, Linda
Sent: Monday, April 28, 2014 5:51 PM

Unneland, Linda

From: Unneland, Linda
Sent: Tuesday, October 07, 2014 4:30 PM
To: Watson, Gwendolyn
Subject: FW: Weekly Security Alert

I was told by Nicole Menna, one of the Clinicians here that she was not notified of the assault prior to meeting with the assaultive pt today. This was denied by Ms. Lauren Kennedy, the Assistant Unit Chief, who claims she warned her in advance.

The issues of safety are serious and ongoing here. Can you provide any updates regarding the time frame for the OSHA enforcements?

Linda Unneland, LCSW-R
Mental Health Clinician, AMKC
Rikers Island Correctional Facility
CORRECTIONAL MEDICAL ASSOCIATES OF NEW YORK, P.C.
Office: 347-774-7510
E-Mail: Linda.Unneland@CorizonNYC.com
Mailing: 49-04 19th Avenue | Astoria, NY 11105

From: Unneland, Linda
Sent: Tuesday, October 07, 2014 4:23 PM
To: Yussuff, Fazal
Cc: Lee, Jessica; Watson, Gwendolyn
Subject: RE: Weekly Security Alert

Mr. Yussuff,

Are you aware that there was an assault on Bob Greene yesterday on Mod 5 & 7?

It is very upsetting, not only that the violence directed toward staff continues to occur, but that there is no formal notification made to the rest of the staff when these incidents occur so that we can take steps to safeguard ourselves.

Linda Unneland, LCSW-R
Mental Health Clinician, AMKC
Rikers Island Correctional Facility
CORRECTIONAL MEDICAL ASSOCIATES OF NEW YORK, P.C.
Office: 347-774-7510
E-Mail: Linda.Unneland@CorizonNYC.com
Mailing: 49-04 19th Avenue | Astoria, NY 11105

From: Unneland, Linda
Sent: Monday, October 06, 2014 4:41 PM
To: Yussuff, Fazal
Cc: Lee, Jessica; Watson, Gwendolyn; Hyde, Dorrell; Kennedy, Lauren
Subject: RE: Weekly Security Alert

Sorry for the delay in responding Mr. Yussuff as I was away for a week's duration and just returned today.

Unneland, Linda

From: Frey, Matthew
Sent: Tuesday, April 29, 2014 4:14 PM
To: Mintz, Amanda; Greenberg, Naomi; Unneland, Linda
Subject: RE: Clinic "inspection"

We had a slashing today in intake; they put a violent administrative seg blood in a holding cell after he was GP'd from the MO with another inmate that was leaving today to go home. Now the inmate that should have been home by now is in the hospital after being brutally slashed.

From: Mintz, Amanda
Sent: Tuesday, April 29, 2014 4:12 PM
To: Greenberg, Naomi; Unneland, Linda; Frey, Matthew
Subject: RE: Clinic "inspection"

Those seem like very ideal escape routes :/

Do you know if they are going to all buildings/housing facilities?

Amanda Mintz, MA

Mental Health Treatment Aide Supervisor - CAPS Unit

From: Greenberg, Naomi
Sent: Tuesday, April 29, 2014 1:52 PM
To: Unneland, Linda; Frey, Matthew; Mintz, Amanda
Subject: Clinic "inspection"

Chief of DOC came to check out the status of our clinic today at GRVC, including the buzzers (they started construction in November, never finished it) and the escape routes (which are blocked off with cement).

Unneland, Linda

From: Torres, Pamela
Sent: Friday, June 19, 2015 6:16 PM
To: Brierley, Melissa; Unneland, Linda
Subject: FW: pt assault

From: Torres, Pamela
Sent: Friday, June 19, 2015 6:11 PM
To: Malika, Luke
Subject: RE: pt assault

Oh my god! I knew it was a matter of time. I told them all this would happen and administration knew . Oh wow he is sooo nice.

From: Malika, Luke
Sent: Friday, June 19, 2015 5:57 PM
To: Torres, Pamela; Alexander, Laila
Cc: Valdovinos, Patricia
Subject: pt assault

Pam & Lila,

Sorry to inform you that Ralf Atlas was beaten up badly by one of his pts on 17B last evening. 17B M. H office cannot be locked from inside. I had brought it to his attention a week ago to talk to someone. He was working in the office, on the computer, and this pt walked in and assaulted Ralf really bad. Have two broker bones; his right side jaw and the bone near his right eye. Is in the New York Hosp, Flushing.

I heard , Dr. Libovitz suggested to take off the locks from such doors because the inmates can grab the key from you and lock it from inside and kill you hence suggested to have half doors. I think , he is not right. Pt's mental status and his eligibility to enter the office is a clinical judgement of the clinician. A potentially dangerous inmate should be seen only in the day-hall at a distance from the COs.

Luke

Unneland, Linda

From: Unneland, Linda
Sent: Thursday, June 12, 2014 4:38 PM
To: Mintz, Amanda; Greenberg, Naomi; Stahlman, Monica; Frey, Matthew; Mack, Monique; Escalona, Maya
Subject: RE: GRVC TSO

I attended the City Council meeting today and while I could only remain for a portion of it due to having to report to work, I did hear a commitment loud and clear on the part of the politicians to safeguarding staff safety, including getting us out of the housing units. I am sure I will be briefed on the content of the remainder of the meeting which I missed.

Today on my way in, I stopped by the HI clinic to inquire whether I could conduct my pt interviews there and I was told by Captain Peyton, the same one who was injured by "Peaches," that this would create too much traffic in the clinic. I was told it is also not an option to interview pts in the interview rooms outside of the housing units because of the lack of a DOC post there in the evenings, although it is available during the days. So it will be interesting to see how this eventually plays out.

P.S. OSHA attorneys are on top of it and also interested in the response.

Linda Unneland, LCSW-R
Mental Health Clinician, AMKC
Rikers Island Correctional Facility
CORRECTIONAL MEDICAL ASSOCIATES OF NEW YORK, P.C.
Office: 347-774-7510
E-Mail: Linda.Unneland@CorizonNYC.com
Mailing: 49-04 19th Avenue | Astoria, NY 11105

From: Mintz, Amanda
Sent: Thursday, June 12, 2014 4:15 PM
To: Greenberg, Naomi; Unneland, Linda; Stahlman, Monica; Frey, Matthew; Mack, Monique; Escalona, Maya
Subject: RE: GRVC TSO

Enabling this behavior....such a great solution :/

Amanda Mintz, MA

Mental Health Treatment Aide Supervisor - CAPS Unit

From: Greenberg, Naomi
Sent: Thursday, June 12, 2014 8:32 AM
To: Unneland, Linda; Mintz, Amanda; Stahlman, Monica; Frey, Matthew; Mack, Monique; Escalona, Maya
Subject: RE: GRVC TSO

This is incredible!

Yesterday on one of the RHUs at GRVC, one inmate popped his cell door and attacked an officer, two other inmates were refusing to lock in because someone missed a haircut when the building was locked down and the time had to be called.

After all that, DOC got the guy a haircut...

Exhibit 18

From: Donahue, Jerome P.
[Jerome.Donahue@CorizonNYC.com]
Sent: Thursday, January 16, 2014 1:15 PM
To: Gildehaus, Angela
Subject: FW: Safety Meeting

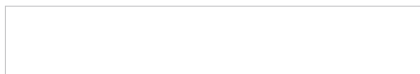
It went ok, we are going to tweak your letters to our site and send them out to the employees next week.

From: Donahue, Jerome P.
Sent: Thursday, January 16, 2014 10:36 AM
To: Zuckerman, Michael
Cc: Cowan, Jay; Doherty, Donald; Yussuff, Fazal; McNerney, Eileen; Leibowitz, Neil
Subject: Safety Meeting

At yesterday's meeting we agreed to:

1. Buy and supply practitioners with Safety Goggles
2. Buy and supply waterproof Lab Coats that signify Corizon Health on it
3. Extra Scrubs will be available when necessary
4. Work with DOC to provide at least on cubicle in each clinic with a cuff bar to restrain inmates during examinations
5. ECW will more prominently display a coded message on known aggressive inmates
6. Corporate will inspect and provide a survey of risk management issues, speaking with employees during the week of 2/5
7. Delegates and representative will be allowed to attend quarterly wardens meeting (with DOC approval) to discuss safety issues
8. We will push for joint meetings with the DOH/MH and DOC
9. We will increase upper management presence in the clinics
10. Training Modules will be developed, including on line, and video taping of Grand Rounds
11. Review procedures for phone usage during emergency calls.
12. Review procedures for clinic flow of patients in the clinics.

Jerry Donahue
Director of Human Resources
Rikers Island



Office: 347-774-7293
Fax: 718-777-7824
E-Mail: Jerome.Donahue@CorizonNYC.com
Mailing: 49-04 19th Ave Astoria , NY 11105



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From: McNerney, Eileen
Subject: FW: Security & Situational Awareness Training for Corizon staff
To: Angela Gildehaus
Cc: Donahue, Jerome P.
Sent: June 13, 2014 8:33 PM
Attached: rtf-body.rtf

FYI, we had a meeting about this earlier today. To be kicked off at grvc.

From: Williams, Roderick [mailto:Roderick.Williams@doc.nyc.gov]
Sent: Friday, June 13, 2014 4:29 PM
To: Yussuff, Fazal; Lawson, Blair
Cc: Doherty, Donald; Cowan, Jay; MacDonald, Ross; Rosner, Zachary; Donahue, Jerome P.; McNerney, Eileen
Subject: FW: Security & Situational Awareness Training for Corizon staff

FYI -

From: Williams, Roderick
Sent: Friday, June 13, 2014 3:37 PM
To: Suprenant, Brian; Berliner, Erik
Cc: Rivera, Luis. A; Scott, Mark. A; Bailey, Alex; Canty, Yolanda; Collins, Karen; Cuin, Antonio; Duffy, Edmund; Griffin, Linda; Gumusdere, Turhan; Jackson, Darren; Newton, Carlton; Perrino, James; Stukes, Kenneth; Purvis, Ronnie; Melendez, Miguel; Bullaro, Marc; Hall, Andrea; Vasquez Jr., Eddie; Bialek, Nathaniel; Vazquez, Victor; VonBraunsberg, Marc
Subject: Security & Situational Awareness Training for Corizon staff

Good afternoon,

Below is the schedule for trainings that will occur at the listed facilities for Corizon medical and mental staff. The training will include review of security measures covered in the SOD Security Seminar (Professional Conduct/Attire, Permissible Items, Front Gate Security procedures, etc) as well as situational awareness (maintaining an appropriate level of awareness in daily correctional work environment). The 60 minute training will be conducted by ADW Bullaro (SOD) and Capt Bialek (HAU) along with facility security staff. The first training will be on Tuesday, June 17 at GRVC - two trainings will occur 8:15 to 9:15am and 4:15 to 5:15pm, both in the facility's chapel.

The following dates have been tentatively scheduled through July (locations within the facility to be determined):

Tuesday, June 17 - GRVC

Tuesday, June 24 - AMKC

Tuesday, July 1 - RNDC

Tuesday, July 8 - OBCC

Tuesday, July 15 - GMDC

Tuesday, July 22 - MDC

Tuesday, July 29 - RMSC

Remaining facilities will be scheduled.

Any questions or concerns, please contact me.

Thank you.

Roderick Williams
Assistant Commissioner
Health Affairs and Forensic Services
New York City Department of Correction
360 Mandanici Road
E. Elmhurst, New York 11370
718 546-8378 (office)
718 546-8104 (fax)

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From: McNerney, Eileen
Subject: DOC Security and Situational Awareness Training at GRVC on Tuesday at 8 am and again at 4 pm
To: Cintron, Luis; Harris, Andiea; Cherchever, Arkady; Robinson, Paul; Yussuff, Fazal; Castellanos, Carlos; Silva, Marilyn; Minervini, Christina; Donahue, Jerome P.; Williams, Elvira
Sent: June 15, 2014 7:30 PM
Attached: Letter to Geralda regarding layoffs 090106.doc, OT 2006_0714 PHSINC.xls

DOC will be holding **GRVC Security and Situational Awareness Training on Tuesday, June 16, 2014.** This is for employees working at GRVC. Other facilities will follow in the next few weeks. The training will last for approximately one hour. We ask that staff be respectful and **report to the GRVC Chapel promptly either at 8 am or 4 pm** . Training will start 5 minutes later.

DOC has requested that no late arrivals be permitted to enter the chapel .

I will visit GRVC tomorrow morning in order to circulate flyers.

Eileen McNerney

Regional Labor and Employee Relations Manager, Rikers Island



Phone: 347.774.7294 (new)

Cell: 347.899.1887

Fax: 347-774-8158 (new)

E-Mail: eileen.mcnerney@CorizonNYC.com

Mailing: 49-04 19th Avenue Astoria, NY 11105

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From: Donahue, Jerome P.
Subject: FW: Security & Situational Awareness Training for Corizon staff
To: Dist - Rikers Exec Team; Dist - Rikers HSA; Dist - Rikers DON; Dist - Rikers MH Unit Chiefs
Cc: Cochran, Clair; Gildehaus, Angela (Angela.Gildehaus@CorizonHealth.com)
Sent: June 18, 2014 2:28 PM
Attached: rtf-body.rtf, image002.jpg, image001.png

Please review the schedule below and make every effort to attend in your building and encourage your staff to participate.

From: Doherty, Donald
Sent: Wednesday, June 18, 2014 7:40 AM
To: Donahue, Jerome P.
Cc: Cowan, Jay; Leibowitz, Neil; Yussuff, Fazal
Subject: FW: Security & Situational Awareness Training for Corizon staff

Jerry:

Please ensure that our managers and staff take advantage of the DOC security training and provide me with feedback on their attendance.

Donald P. Doherty, MS, CCHP

Senior Vice President of Operations for Community Corrections

Phone: 347-774-7010

Fax: 347-774-8053

E-Mail: Donald.Doherty@CorizonNYC.com <mailto:dohertydd@riepf.com>

Mailing: 49-04 19th Avenue| Astoria, NY 11105

www.CorizonHealth.com <<http://www.corizonhealth.com/>>

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To: Yussuff, Fazal; Lawson, Blair
Cc: Doherty, Donald; Cowan, Jay; MacDonald, Ross; Rosner, Zachary; Donahue, Jerome P.; McNerney, Eileen
Subject: FW: Security & Situational Awareness Training for Corizon staff

FYI -

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Sent: Friday, June 13, 2014 3:37 PM
To: Suprenant, Brian; Berliner, Erik
Cc: Rivera, Luis. A; Scott, Mark. A; Bailey, Alex; Canty, Yolanda; Collins, Karen; Cuin, Antonio; Duffy, Edmund; Griffin, Linda; Gumusdere, Turhan; Jackson, Darren; Newton, Carlton; Perrino, James; Stukes, Kenneth; Purvis, Ronnie; Melendez, Miguel; Bullaro, Marc; Hall, Andrea; Vasquez Jr., Eddie; Bialek, Nathaniel; Vazquez, Victor; VonBraunsberg, Marc
Subject: Security & Situational Awareness Training for Corizon staff

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Any questions or concerns, please contact me.

Thank you.

Roderick Williams
Assistant Commissioner
Health Affairs and Forensic Services
New York City Department of Correction
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E. Elmhurst, New York 11370
718 546-8378 (office)
718 546-8104 (fax)

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From: McNerney, Eileen
Subject: IMPORTANT CALENDAR OF TRAININGS: Security & Situational Awareness Training for Corizon staff
To: Strachan, George; Balilo, Ofelia; Baksh, Sherene; Mitchell-Bennett, Tracie; Persaud, Bryan
Cc: 'Bartoli, Tracy'; 'Gildehaus, Angela'; Donahue, Jerome P.; 'Bialek, Nathaniel'; 'marc.bullaro@doc.nyc.gov'
Sent: June 24, 2014 3:56 PM
Attached: rtf-body.rtf

FYI. Please see below for training dates in your facility. George, you are up next on July 1 at RNDC. Ofelia, you follow on July 8 at OBCC.

Please coordinate with Captain Bialek (copied on this email) regarding the exact location in your respective facilities where training will take place. Please keep me and Jerry in the loop.

Training is mandatory. Staff should be informed to attend promptly at either 8 am or 4 pm.

Eileen

From: Williams, Roderick
Sent: Friday, June 13, 2014 3:37 PM
To: Suprenant, Brian; Berliner, Erik
Cc: Rivera, Luis. A; Scott, Mark. A; Bailey, Alex; Canty, Yolanda; Collins, Karen; Cuin, Antonio; Duffy, Edmund; Griffin, Linda; Gumusdere, Turhan; Jackson, Darren; Newton, Carlton; Perrino, James; Stukes, Kenneth; Purvis, Ronnie; Melendez, Miguel; Bullaro, Marc; Hall, Andrea; Vasquez Jr., Eddie; Bialek, Nathaniel; Vazquez, Victor; VonBraunsberg, Marc
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The following dates have been tentatively scheduled through July (locations within the facility to be determined):

Tuesday, June 17 - GRVC (8 am and 4 pm training completed)

CORIZON_001312

Tuesday, June 24 - AMKC (8 am completed; 4 pm training scheduled for today)

Tuesday, July 1 - RNDC

Tuesday, July 8 - OBCC

Tuesday, July 15 - GMDC

Tuesday, July 22 - MDC

Tuesday, July 29 - RMSC

Remaining facilities will be scheduled.

Any questions or concerns, please contact me.

Thank you.

Roderick Williams

Assistant Commissioner

Health Affairs and Forensic Services

New York City Department of Correction

360 Mandanici Road

E. Elmhurst, New York 11370

718 546-8378 (office)

718 546-8104 (fax)

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From: Berliner, Erik
Subject: Re: When Medical Staff is Called to Housing Areas for Emergencies
To: McNerney, Eileen; Wax, Ari
Cc: Venters, Homer; Yussuff, Fazal; Bullaro, Marc
Sent: July 1, 2014 4:38 PM
Attached: Letter to Geralda regarding layoffs 090106.doc, Q2 2004 Projected Expenses.xls

We will address this. Thanks for the feedback.

From: McNerney, Eileen [mailto:Eileen.McNerney@CorizonNYC.com]
Sent: Tuesday, July 01, 2014 12:36 PM
To: Wax, Ari; Berliner, Erik
Cc: Venters, Homer ; Yussuff, Fazal ; Bullaro, Marc
Subject: When Medical Staff is Called to Housing Areas for Emergencies

Hello Commissioners Wax and Berliner:

Dep. Marc Bullaro has been holding Safety & Situational Awareness Training in each of the facilities. This morning, training was held at RNDC.

While each of the facilities has its own unique problems, one of the common issues involves the problem of medical staff responding to emergencies in housing areas. In a nutshell, while staff is attending to the patient with the medical problem in the housing area, other inmates flock around the emergency scene. This creates a safety hazard for both staff and patient alike.

Would it be possible for DOC to issue an order stating that when an emergency is called, the following protocol should occur:

-) A Housing Area Captain will respond immediately to the area;
-) The Housing Area CO will work to clear the area while awaiting the arrival of the Housing Area Captain. Then the Captain will work along with the CO to keep the area clear on an ongoing basis while the emergency is being addressed by medical staff.

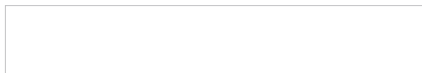
This will certainly go a long way to helping staff feel safe while they are responding to emergencies in housing areas.

Thank you,

Eileen McNerney

Eileen McNerney

Regional Labor and Employee Relations Manager, Rikers Island



Phone: 347.774.7294 (new)

Cell: 347.899.1887

Fax: 347-774-8158 (new)

E-Mail: eileen.mcnerney@CorizonNYC.com

Mailing: 49-04 19th Avenue Astoria, NY 11105

-



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CORIZON_001315

From: Donahue, Jerome P.
Subject: FW: Security & Situational Awareness Training for Corizon staff
To: zissue@bssfny.com; Gildehaus, Angela (Angela.Gildehaus@CorizonHealth.com)
Sent: July 21, 2014 3:49 PM
Attached: rtf-body.rtf, image001.png

From: Gildehaus, Angela [mailto:Angela.Gildehaus@CorizonHealth.com]
Sent: Monday, June 16, 2014 12:59 PM
To: McNerney, Eileen; Donahue, Jerome P.
Cc: Cochran, Clair
Subject: RE: Security & Situational Awareness Training for Corizon staff

Thank you, I hope it is informative and engaging for our staff!

Angela Gildehaus

Manager, Employee Safety Workers' Compensation

314-919-9391 phone

1-800-262-9511 fax

From: McNerney, Eileen [mailto:Eileen.McNerney@CorizonNYC.com]
Sent: Monday, June 16, 2014 11:09 AM
To: Donahue, Jerome P.; Gildehaus, Angela
Cc: Cochran, Clair
Subject: RE: Security & Situational Awareness Training for Corizon staff

The test run will be tomorrow at grvc. We will attend.

From: Donahue, Jerome P.
Sent: Monday, June 16, 2014 11:51 AM
To: 'Gildehaus, Angela'; McNerney, Eileen
Cc: Cochran, Clair
Subject: RE: Security & Situational Awareness Training for Corizon staff

We will attend most of the training seminars.

From: Gildehaus, Angela [mailto:Angela.Gildehaus@CorizonHealth.com]
Sent: Monday, June 16, 2014 11:12 AM
To: Donahue, Jerome P.; McNerney, Eileen
Cc: Cochran, Clair

Subject: RE: Security & Situational Awareness Training for Corizon staff

Outstanding, are you and/or Eileen able to attend? I would appreciate your feedback on the training provided.

Great Job!!!

Angie

Angela Gildehaus

Manager, Employee Safety Workers' Compensation

314-919-9391 phone

1-800-262-9511 fax

From: Donahue, Jerome P. [mailto:Jerome.Donahue@CorizonNYC.com]
Sent: Monday, June 16, 2014 9:06 AM
To: Cochran, Clair; Gildehaus, Angela
Cc: McNerney, Eileen
Subject: FW: Security & Situational Awareness Training for Corizon staff

Eileen was successful in getting DOC to start training for our staff.

From: Williams, Roderick [mailto:Roderick.Williams@doc.nyc.gov]
Sent: Friday, June 13, 2014 4:29 PM
To: Yussuff, Fazal; Lawson, Blair
Cc: Doherty, Donald; Cowan, Jay; MacDonald, Ross; Rosner, Zachary; Donahue, Jerome P.; McNerney, Eileen
Subject: FW: Security & Situational Awareness Training for Corizon staff

FYI -

From: Williams, Roderick
Sent: Friday, June 13, 2014 3:37 PM
To: Suprenant, Brian; Berliner, Erik
Cc: Rivera, Luis. A; Scott, Mark. A; Bailey, Alex; Canty, Yolanda; Collins, Karen; Cuin, Antonio; Duffy, Edmund; Griffin, Linda; Gumusdere, Turhan; Jackson, Darren; Newton, Carlton; Perrino, James; Stukes, Kenneth; Purvis, Ronnie; Melendez, Miguel; Bullaro, Marc; Hall, Andrea; Vasquez Jr., Eddie; Bialek, Nathaniel; Vazquez, Victor; VonBraunsberg, Marc
Subject: Security & Situational Awareness Training for Corizon staff

Good afternoon,

Below is the schedule for trainings that will occur at the listed facilities for Corizon medical and mental staff. The training will include review of security measures covered in the SOD Security Seminar (Professional Conduct/Attire, Permissible Items, Front Gate Security procedures, etc) as well as situational awareness (maintaining an appropriate level of awareness in daily correctional work environment). The 60 minute training will be conducted by ADW Bullaro (SOD) and Capt Bialek (HAU) along with facility security staff. The first training will be on Tuesday, June 17 at GRVC - two trainings will occur 8:15 to 9:15am and 4:15 to 5:15pm, both in the facility's chapel.

The following dates have been tentatively scheduled through July (locations within the facility to be determined):

Tuesday, June 17 - GRVC

Tuesday, June 24 - AMKC

Tuesday, July 1 - RNDC

Tuesday, July 8 - OBCC

Tuesday, July 15 - GMDC

Tuesday, July 22 - MDC

Tuesday, July 29 - RMSC

Remaining facilities will be scheduled.

Any questions or concerns, please contact me.

Thank you.

Roderick Williams

Assistant Commissioner

Health Affairs and Forensic Services

New York City Department of Correction

360 Mandanici Road

E. Elmhurst, New York 11370

718 546-8378 (office)

718 546-8104 (fax)

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From: Donahue, Jerome P.
Subject: FW: Security & Situational Awareness Training for Corizon staff
To: zissue@bssfny.com
Cc: Gildehaus, Angela (Angela.Gildehaus@CorizonHealth.com)
Sent: July 21, 2014 3:49 PM
Attached: rtf-body.rtf, image002.jpg, image001.png

From: Persaud, Bryan
Sent: Wednesday, June 18, 2014 10:30 AM
To: Dist - RMSC Team Leaders; Anis, Syed; Thomas, Pierre; Regalado, Gabriella; Shillingford, Gregory; Cruz, Irada; Dist - Rikers RMSC Safety Committee
Cc: Donahue, Jerome P.
Subject: FW: Security & Situational Awareness Training for Corizon staff

Please see below. Please inform all respective staff.

Safety cmtee - kindly inform your respective co - workers / union members.

Bryan Persaud

Health Services Administrator

Rikers Island Correctional Facility, Rose M. Singer Center
<image001.jpg>

Office: 347-774-7610

Cell: 347-899-1802

Fax: 718-546-7678

E-Mail: Bryan.Persaud@CorizonNYC.com <mailto:Bryan.Persaud@CorizonNYC.com>

Mailing: 49-04 19th Avenue| Astoria, NY 11105

www.CorizonHealth.com <<http://www.corizonhealth.com/>>

<image002.jpg>Please consider the environment before printing this email.

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From: Donahue, Jerome P.
Sent: Wednesday, June 18, 2014 10:28 AM
To: Dist - Rikers Exec Team; Dist - Rikers HSA; Dist - Rikers DON; Dist - Rikers MH Unit Chiefs
Cc: Cochran, Clair; Gildehaus, Angela (Angela.Gildehaus@CorizonHealth.com <mailto:Angela.Gildehaus@CorizonHealth.com>)
Subject: FW: Security & Situational Awareness Training for Corizon staff

Please review the schedule below and make every effort to attend in your building and encourage your staff to participate.

From: Doherty, Donald
Sent: Wednesday, June 18, 2014 7:40 AM
To: Donahue, Jerome P.
Cc: Cowan, Jay; Leibowitz, Neil; Yussuff, Fazal
Subject: FW: Security & Situational Awareness Training for Corizon staff

Jerry:

Please ensure that our managers and staff take advantage of the DOC security training and provide me with feedback on their attendance.

Donald P. Doherty, MS, CCHP

Senior Vice President of Operations for Community Corrections

Phone: 347-774-7010

Fax: 347-774-8053

E-Mail: Donald.Doherty@CorizonNYC.com <mailto:dohertydd@riepf.com>

Mailing: 49-04 19th Avenue| Astoria, NY 11105

www.CorizonHealth.com <<http://www.corizonhealth.com/>>

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From: Williams, Roderick [mailto:Roderick.Williams@doc.nyc.gov]
Sent: Friday, June 13, 2014 4:29 PM
To: Yussuff, Fazal; Lawson, Blair
Cc: Doherty, Donald; Cowan, Jay; MacDonald, Ross; Rosner, Zachary; Donahue, Jerome P.; McNerney, Eileen
Subject: FW: Security & Situational Awareness Training for Corizon staff

FYI -

From: Williams, Roderick
Sent: Friday, June 13, 2014 3:37 PM
To: Suprenant, Brian; Berliner, Erik
Cc: Rivera, Luis. A; Scott, Mark. A; Bailey, Alex; Canty, Yolanda; Collins, Karen; Cuin, Antonio; Duffy, Edmund; Griffin, Linda; Gumusdere, Turhan; Jackson, Darren; Newton, Carlton; Perrino, James; Stukes, Kenneth; Purvis, Ronnie; Melendez, Miguel; Bullaro, Marc; Hall, Andrea; Vasquez Jr., Eddie; Bialek, Nathaniel; Vazquez, Victor; VonBraunsberg, Marc
Subject: Security & Situational Awareness Training for Corizon staff

Good afternoon,

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Remaining facilities will be scheduled.

Any questions or concerns, please contact me.

Thank you.

Roderick Williams
Assistant Commissioner
Health Affairs and Forensic Services
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Exhibit 19

Greenberg, Naomi

From: McNerney, Eileen
Sent: Wednesday, March 12, 2014 5:00 PM
To: Unneland, Linda; Greenberg, Naomi
Cc: Donahue, Jerome P.
Subject: Aggressive Patient Alert in eCW

Importance: High

Linda and Naomi:

Please see the Problem List to the right. AGGRESSIVE PATIENT ALERT is mid-way down the problem list.

I will work with IT to try to move this AGGRESSIVE PATIENT ALERT up on the Problem List, and perhaps put in **RED BOLD**.

Eileen

Patient Hub (W [REDACTED] C [REDACTED])

| Labs | DI | Imm/T.Inj | Referrals | Allergies | CDSS | Alerts | Notes |
|--------------------------------|----|-----------|-----------|---|------|--|-------|
| W [REDACTED] C [REDACTED] | | Sel Info | | Home: | |  Share | |
| | | | | Work: | | | |
| | | | | Cell: | | | |
| | | | | Email: | | | |
| | | | | Insurance: | | | |
| DOB: [REDACTED] | | | | PCP: | | | |
| Age: 26 Y Sex: M | | | | Rendering Pr: | | | |
| Advance Directive: | | | | | | | |
| Account No: [REDACTED] | | | | | | | |
| NYSID: [REDACTED] | | | | BookCase: [REDACTED] | | | |
| Suicide Watch: No | | | | Facility: OBCC: Otis Bantum Correctional Center | | | |
| AKA Names: | | | | Housing Area: 3SW | | | |
| Court Date: 04/03/2014 | | | | Last Discharge Date: | | | |
| | | | | Admission Date: 05/30/2012 | | | |
| Last Appt: 03/10/2014 11:15 PM | | | | Facility: MDC: Manhattan Detention Center | | | |
| Next Appt: | | | | Facility: | | | |
| Bumped Appts: NONE | | | | Case Manager Hx: [REDACTED] | | | |

| | | | | |
|-----------------|----------------|-----------------|------------------|----------------|
| New Appt | New Tel Enc | Print Label | Billing Alert | Patient Docs |
| Letters | Encounters | Medical Summary | Rx | Progress Notes |
| eCliniForms | Devices | Problem List | Medical Record | Send eMsg |
| Account Inquiry | Guarantor Bal. | Consult Notes | Letter Logs | Fax Logs |
| New Action | Flowsheets | Billing Logs | | |
| eHX Consent | Export eHS | Export Labs | Export Documents | |

Close

Greenberg, Naomi

From: Unneland, Linda
Sent: Wednesday, March 12, 2014 5:45 PM
To: McNerney, Eileen; Greenberg, Naomi
Cc: Donahue, Jerome P.
Subject: RE: Aggressive Patient Alert in eCW

What a quick and helpful development. Many thanks for your efforts.

From: McNerney, Eileen
Sent: Wednesday, March 12, 2014 5:44 PM
To: Unneland, Linda; Greenberg, Naomi
Cc: Donahue, Jerome P.
Subject: RE: Aggressive Patient Alert in eCW

We have already spoken to MH Health Management about the Island wide list, and we expect to circulate it within a week or so. Eileen

From: Unneland, Linda
Sent: Wednesday, March 12, 2014 5:42 PM
To: McNerney, Eileen; Greenberg, Naomi
Cc: Donahue, Jerome P.
Subject: RE: Aggressive Patient Alert in eCW

Wonderful.

From: McNerney, Eileen
Sent: Wednesday, March 12, 2014 5:36 PM
To: Unneland, Linda; Greenberg, Naomi
Cc: Donahue, Jerome P.
Subject: RE: Aggressive Patient Alert in eCW

Agree. We will see what we can do. Give us a week or two.

From: Unneland, Linda
Sent: Wednesday, March 12, 2014 5:31 PM
To: McNerney, Eileen; Greenberg, Naomi
Cc: Donahue, Jerome P.
Subject: RE: Aggressive Patient Alert in eCW

Thank-you Eileen,

Could you please check with IT to see if there can be added a feature that if you click on the Aggressive Pt Alert, you could see the reasons for the pt's placement on this alert? For example, if the pt has previously assaulted staff and when or if they have a history of serious violence in the community or if they have a chronic pattern of noncompliance with treatment resulting in agitation/violence. It would be very helpful to know the exact reasons for the pt's placement on the list and how recent the violence occurred. There is currently no way of figuring out the reasons why the pt has been placed on the list, unless one can be directed to the date the incident occurred and then refer to the progress note. As we discussed, reviewing the entire chart would be too time consuming/burdensome and that is currently the only way to determine what occurred with the pt.

Or alternatively, perhaps the pt can be assigned a number to designate their level of risk. Sort of like a Sex Offender registry, but in this case for the severity of violence. The Clinician/Supervisor adding the Aggressive Pt Alert could designate the degree to which they believe the pt poses a risk, ie , Level 1, Level 2 or Level 3.

Thanks again to you and Mr. Donahue for being receptive to our suggestions.

From: McNerney, Eileen
Sent: Wednesday, March 12, 2014 5:00 PM
To: Unneland, Linda; Greenberg, Naomi
Cc: Donahue, Jerome P.
Subject: Aggressive Patient Alert in eCW
Importance: High

Linda and Naomi:

Please see the Problem List to the right. AGGRESSIVE PATIENT ALERT is mid-way down the problem list.

I will work with IT to try to move this AGGRESSIVE PATIENT ALERT up on the Problem List, and perhaps put in **RED BOLD**.

Eileen

Exhibit 20



PROGRESSIVE CORRECTIVE ACTION

EFFECTIVE:

PAGE:

NUMBER:

Corrective Action Memorandum

Employee Name: Thompson, Serena

Title: Mental Health Clinician

Date: June 26, 2015

Manager Name: Lauren Kennedy, Assistant Mental Health Unit Manager

Probationary Employee: ☐ Yes ☒ No

LEVEL OF CORRECTIVE ACTION

☒ 1st Written Counseling☐ 2nd Written Counseling☐ Final Written Warning

DATE(S) OF PREVIOUS CORRECTIVE ACTION:

Date of 1st Written Counseling: N/ADate of 2nd Written Counseling: N/A

DETAILS OF CURRENT INCIDENT (Date, time, area, specific facts, etc.):

From 1/1/15 through 6/22/15, Ms. Thompson has been tardy to work a total of 70 times, each exceeding more than 15 minutes of lateness. Furthermore, Ms. Thompson has had a total of 7 unscheduled absences during this same period. (See attached documentation).

Subsequently, Ms. Thompson is in direct violation of Corizon's Time & Attendance Policy.

EXPECTATIONS DISCUSSED WITH EMPLOYEE:

In efforts to maintain appropriate operations of the facility in a team-based environment, timely and consistent attendance is mandated. Adherence to this, and all policies of Corizon, is necessary in order for you to be successful in your role. The time and attendance of Ms. Thompson will be reviewed periodically for further infractions, and in accordance with company policy.

MANAGER ACTIONS TO HELP EMPLOYEE:

Ms. Thompson is being reissued a copy of the Corizon Time and Attendance Policy. Additionally, she is being reminded of the importance of being to work on time and pre-schedule days off in as much advance notice as possible.

MANAGER ACTIONS TO HELP EMPLOYEE: Will continue to provide education as it relates to time and attendance policy and will provide employee with copy of time and attendance policy.

Should this type of conduct occur again, further progressive corrective action up to and including recommendation for termination may result. *I acknowledge receipt of this corrective action memorandum and that its contents have been discussed with me. I understand that my signature does not necessarily indicate agreement.*

Union Representative Signature: _____

Date: _____

Employee's Signature: _____

Date: _____

Manager's Signature: _____

Date: _____

Witness' Signature: _____

Date: _____

Original Employee Personnel File

cc: Employee

Exhibit 21

09/22/2015 23:59 7185463891

PRISON HEALTH

PAGE 01/12

Medich, Sanja

From: Medich, Sanja
Sent: Tuesday, September 22, 2015 11:37 PM
To: Medich, Sanja
Subject: Sexual Harrasment and assaults on women working on Rikers Island by small procentige but consistent and persistent number of inmates we serve on the island

From: Harris, Andiea
Sent: Friday, October 24, 2014 1:47 PM
To: Ljubicic, Sanja
Cc: Minervini, Christina; Ho, Hung-Yi; Alcover-Pabon, Kalim; Greenberg, Naomi; Malone, Sean; Radcliffe, Fiona; Mazurenko, Nina; Mocombe, Cynthia; Donahue, Jerome P.; Leibowitz, Neil; Cowan, Jay
Subject: Re: Treatment of women at RHU

Hi!
I like to schedule a meeting with you in order to further discuss.
Please let me know when you're available.
Thank you.

On Oct 24, 2014, at 1:36 PM, "Ljubicic, Sanja" <Sanja.Medich@CorizonNYC.com> wrote:
Please feel free to forward this to Dr. Penovi AND ANYONE ELSE YOU FEEL MIGHT WANT TO READ:

Dear Dr. Penovi, Dr. Harris and Ms. Minervini:

I'm simply heartbroken and outraged to live in NY city USA and be a witness of mistreatment of women on RHU units while professional, modern, independent, mindful women in charge are not only not doing anything about it but are breaking what I understand is the law in all countries around the world that a man cannot expose himself to a woman without her consent by not only not making sure that the law is reinforced but actually promoting a level system and "gray area philosophy" as an adequate response to unlawful behavior. We are paid by the people of this city, state and the country to reinforce the law of the leading country of the world United States of America and the best city in the world New York City and me as a citizen of this country, resident of this city and a professional woman myself insist charges to be brought against every single man that is exposing himself to my can be daughters hired by Safe Horizon to serve people of New York with their knowledge and professional skills.

Anxiously waiting for your response,
Sanja Medich used to be Ljubicic, LMHC

From: Medich, Sanja
Sent: Thursday, February 12, 2015 5:37 AM
To: Leibowitz, Neil
Cc: Dist - Rikers Senior Psych; Dist - Rikers Psych-Admin; Dist - Rikers Psych PA's; Dist - Rikers Nursing; Dist - Rikers MH; Dist - Rikers MD; Dist - AMKC C71 Programs Staff 4-12; Dist - AMKC C71 Programs Staff 8-4; Dist - AMKC CAPS Unit; Dist - MDC Team Leaders; Dist - AMKC Team Leaders
Subject: Its On US

To the DIRECTOR of MENTAL HEALTH and all of US:

09/22/2015 23:59 7185463891

PRISON HEALTH

PAGE 02/12

I am writing this letter to pledge my personal and professional commitment to help keep women safe from sexual harassments and assaults when working in a NYC jail. It is a promise not to be a bystander to the problem, but to be a part of the solution.

As a Mental Health Clinician working at Rikers I have been exposed to all kinds of harassments from detainees on a daily basis: being verbally abused with profanities, being threatened of physical and sexual violence, missed fluids (urine/sperm) being thrown at my direction by pure luck, being assaulted by genitals being exposed to me, being asked to talk to so they can get sexually or/and aggressively excited so they can masturbate in public and/or in private, and regularly I am in a situation where I can easily be seriously hurt even if and when DOC does all that they are supposed to do. The majority of detainees receiving mental health services at Rikers are not like that but those few that are, are not ashamed to make their presence known to me as well as every single person they perceive as an easy victim every single time they have an opportunity (typical criminal pathology we are paid to address and not ignore).

As a professional I expect behaviors like this. I did not get this job to be safe and run away when I am not safe. I got this job because I am willing, capable and ready to create change within people served in MH correctional system even when I am risking my own personal wellbeing. However, I cannot do it on my own. The presence of administration as a protector of my daily activities as a professional, as a female and as a person that has human rights also needs to be visible in my working environment.

Human right laws apply to everybody and we need to follow them and teach them across the board: inmates, DOC, civilians. I know it is difficult to be isolated and deprived from freedom and many are in jail due to sociopolitical and economic injustice, however, no inmate is deprived from privacy – they all have blankets. We all (men and women) have right for safe work environment. If we reward behaviors that are breaking those human rights just to keep peace in jail and pacify instead of treat pathology we are misusing public funds. We might be deescalating culture of violence by escalating culture of rape. Meanwhile, detainees themselves need those boundaries being reinforced consistently so they can practice self-control, the main characteristic of an adult.

The level of disrespect towards women working at Rikers these days is a disgrace that points to all other levels of moral deterioration ignored, therefore silently accepted. This letter is to publicly state that it is not acceptable. This letter is to publicly break the code of silence where we all know sexual harassment/assaults on women (men too but women are my focus now) working in the jail exist but we do not talk about it and once she (I speak) speaks about it the following happens:

1. she can count on being somehow blamed for it - if nothing else there will be a dress code like an open toe to blame for being exposed to inappropriateness of a man (detenuee).
2. she can count on being re-victimized by having to climb from one to another supervisor who all state "we can't do anything about it, you don't have to work here if it is not for you".

It is absolutely not acceptable that there is nothing we can do about it. It is not acceptable not because of us, women working in jail and being violated daily (we can take care of ourselves anyway under any conditions); it is unacceptable because unless we do something about it we are not providing adequate services to the most volatile population (sexual predators and domestic violence perpetrators).

Our job is to reduce inappropriate behaviors in jail and develop better coping skills and we can do it in a very simple way:

1. EDUCATE – provide education about laws, about behaviors and morals behind it, what is ok and what is not ok, when, how and why.

09/22/2015 23:59 7185463891

PRISON HEALTH

PAGE 03/12

2. PRACTICE DAILY - be consistent in our behaviors and in expectations from their behaviors;

3. FOLLOW TROUGH WITH LOGICAL CONSEQUENCES including infractions and legal charges if necessary no matter how politically incorrect that sounds these days in media and in political and money giving circles. That is the only right thing to do - reinforce the law, not violence, not rape. When doing groups on three MHAUI units daily and 8 C71 units I had to do 3 infractions in 4 years – not many but necessary. None are done lately for sexually inappropriate behaviors, not even for the behaviors that are against the law.. Exposure, public masturbation, sexual harassment is illegal in jail just as it is in a street - for the lesson number one for all that did not know that as it happened in my team meeting today where members were surprised those behaviors are illegal in jail too.

Teaching a man in jail how to relate to a woman in a respectful way accomplishes much more then reduce maladaptive and increase adaptive behaviors. It is a process of healing many wounds.

Learning respect for a woman repairs childhood injuries of mother-child bond where a patient learn to relate to a woman in a positive and productive way increasing his own adequacy in life and society. The mother-child bond or lack of it is often the root of much of mental health pathology. Breaking families by making the mother unavailable, alone, dehumanized, addicted, unable to care for children is the way dominant culture or dominant men oppress non-dominant culture and men. By educating man how to behave around a woman without blame and hate in all different situation is becoming part of prosperity and it is breaking the never ending cycle of oppression of men, not only women. Teaching appropriate boundarles and logical consequences prevent participants from returning to jail and/or ending up in jail for long time. The last but not the least, saves public from sexual assault.

I pledge to create an environment in which sexually inappropriate behaviors are unacceptable and those exposed to it are supported.

I hope you will join me in the pledge: It's on us, Sanja Medich

PS My focus is on women not just because I am a woman but because we all come from one and developing culture of respect has to start from one thing at time, a woman is always a good beginning.

From: Medich, Sanja

Sent: Wednesday, March 11, 2015 8:25 AM

To: Lee, Jessica; Choleff, Lisa; Aung, Kyaw

Cc: Kay-Njemanze, Theodora; Mitchell, Mary; Butron, Consuelo; Mariner, Petrina; Harris, Andiea; Dist - Rikers MD;

Dist - Rikers PA; Dist - Rikers DON; Dist - Rikers SMD; Dist - Rikers HSA; Dist - Rikers Exec Team; Dist - All Rikers

Subject: RE: WOMEN'S HISTORY MONTH- A SALUTE.

Reminder: International Women's Day started with factory workers in NY that were abused and exploited by men in power. Women are daily assaulted on Rikers with NOBODY to stand up for them. Nothing to celebrate! I cry every day for the officer sexually assaulted on 11B, for the student sexually assaulted on C71, for RHU staff being exposed to sexual harassments daily plus for all women around the world where assaults on females are in rise, while violence on men is in decline! They do not need our salutes, they need change in attitude from whoever is in charge, more so if it is a female in charge! Did any of named women speak against the memo commissioner sent to DOC blaming the victim for being assaulted, please let me know so I can salute you!

Sanja Medich, female

From: Medich, Sanja

Sent: Wednesday, April 29, 2015 2:11 PM

To: Leibowitz, Neil; Konrad, Shane; Fleming, Mark

Cc: Hyde, Dorrell; Brace, Kristila; Messlneo, Kathryn; Simpson, Justin

Subject: incident report

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The first paragraph submitted to DOC with request for NO INFRACTION.

Both paragraphs submitted to MH Administration and my coworkers who are like me in danger of being injured in a situation similar to one above. Please let administration know if my suggestion is productive one for the time being.

Report of an incident :

On April 28, 2015 on 10A unit (suicide watch unit at AMKC) inmate E [REDACTED] E [REDACTED] 3491504544 was threatening to kill a civilian so he can talk to a Dep. G. My impression at the beginning was that he was not serious about injuring clinician at the unit because at one point he even gave an eye contact and stated that he will injure the next clinician that comes in, letting us know we, another clinician and me that were at the unit at that time, are safe. However, nobody on the unit (neither clinicians nor DOC) could meet his demands that seem to be legitimate housing concerns. He was escalating as he was realizing unless he does something extreme, higher ups are not going to hear his demands. If my memory was right he was upset about being on the unit when he does not feel he needs to be on the unit. He was screaming, I'm not suicidal, get me out of here, I don't know why I'm here. He was escalating to the point where he looked as if he is out of control and able and willing to hurt someone just to be heard by people who are in charge and can actually do something about his situation. At that point he was threatening clinicians on the unit, my coworker and me, that we will not be able to leave until his demands are met. He was pacing back and forth, moving his arms, throwing things including a chair and he blocked the door so we were not able to leave the unit until another officer came from outside. The officer that came from outside removed him from a door area without using force. An inside officer was protecting us with his body in front of us. We left the situation without being injured.

This situation was extremely traumatic for me because I've realized that I'm in a role of a poor management messenger to be "killed" (harmed, injured) by my patients so they can get their needs met: safe housing and adequate Mental Health Treatment environment. Not only that I'm put in a danger way by going to that unit but I'm also deprived from my role of a Mental Health Clinician to help, serve and provide therapy in a safe environment. Until systematic changes are made, only way a clinician can be safe on this unit is if a management (Unit Chief, Assistant Unit Chief, a Clinical Supervisor, Mental Health Directors) are more hands on and attend clinician's sessions on the 10A unit until safety is established. This will not only provide safety for me but will also be more direct way for clients to have their needs met by people who can actually do something about it or at least can explain why their needs are not met at this time. This will also enable administration to advocate with DOC and DMH for changes that will create fast and effective results about day to day hands on situations as the one described above that they seem to be (or act as if) uninformed about.

Sanja Medich, LMHC
Mental Health Clinician at AMKC

PS. - Thank you for your support Dr. Fleming by being responsive to my concerns during our meeting.

From: Harris, Kecia

Sent: Saturday, August 01, 2015 6:04 PM

To: Dist - GMDC Team Leaders; Dist - Rikers GMDC MH; Dist - Rikers Operations; Dist - Rikers Psych-Admin; Baksh, Sherene

Subject: potentially assaultive patient at GMDC/MO

To Whom It May Concern:

I, Kecia Harris, the Covering MH Clinician, while doing MO rounds today, approached patient, W [REDACTED] K [REDACTED] B&C 3491313671 and NYSID [REDACTED]. As I came near his cell, he exposed himself to me starting to masturbate. This patient has repeatedly and inappropriately been disrespectful, aggressive, and even assaultive to multiple Mental Health Staff persons at GMDC. At this point in time, wouldn't it be appropriate to transfer this patient to a higher level of care? His behavior has been an ongoing issue for staff safety that now needs to be addressed immediately. Up to this time, we have been moving other detainees off of the unit that Patient W [REDACTED] has harmed--

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and, also, moving professional staff around to other locations who Patient W■■■■ has threatened. Perhaps, MH and DOC administrators would now consider reviewing the video footage from GMDC MO/3MA Housing Unit to verify Patient W■■■■'s dangerous, relentless, and offensive behavior towards staff and his peers. I hope that this issue can be resolved before someone gets seriously hurt by Patient W■■■■. While it is true that we are, as practitioners, obligated to provide treatment and care to challenging patients; our well-being and safety must also be considered.

Kecia Harris, LMSW

Dear Dr. Konrad and Dr. Leibowitz,

Why I cannot send this email in mass mailing? It is about safety of your staff. Please advise how we are supposed to be informed - number one element of safety: ALERTNESS!

I find it disrespectful and collaborative in degrading of staff especially female staff.

Sanja Medich MH Clinician

From: Medich, Sanja

Sent: Tuesday, August 04, 2015 9:09 AM

To: Harris, Kecia; Dist - Rikers GMDC Suicide Watch Notification

Cc: Dist - AMKC Suicide Watch Notification

Subject: RE: potentially assaultive patient at GMDC/MO

Yes!!!!!!!!!!!!!! We need to treat patients and not support their maladaptive behaviors by letting them re-victimize and that way teaching them it is ok. We do not get paid tax money to teach people it is ok to masturbate in front of a female. It is a disservice to the public and needs to be fixed by comprehensive team approach where pt. like this are: 1. Told clear behavioral expectations to the patient and make sure he understands (like when a female approaches you, you are to stand up, stay arm away, keep your hands visible, say hello and use polite language even if you refuse services and say goodbye when concluding the conversation); 2. Set behavioral modification plan depriving them of attention when not following realistic expectation and increasing attention when they comply; 3. Follow through and have MH managers and CS's that make sure it is implemented! IT IS AS SIMPLE AS THAT! DOC is also with us on it, just nobody to take a leadership! It is about time!!!!

Thank you my female staff that are making sure we are not bullied and abused anymore!!!!

Sanja Medich, MH Clinician

From: Harris, Kecia

Sent: Monday, August 03, 2015 4:59 PM

To: Dist - Rikers GMDC Suicide Watch Notification

Subject: FW: potentially assaultive patient at GMDC/MO

From: Harris, Kecia

Sent: Saturday, August 01, 2015 6:04 PM

To: Dist - GMDC Team Leaders; Dist - Rikers GMDC MH; Dist - Rikers Operations; Dist - Rikers Psych-Admin; Baksh, Sherene

Subject: potentially assaultive patient at GMDC/MO

To Whom It May Concern:

I, Kecia Harris, the Covering MH Clinician, while doing MO rounds today, approached patient, W■■■■ K■■■■ B&C 3491313671 and NYSID ■■■■■. As I came near his cell, he exposed himself to me starting to masturbate. This patient has repeatedly and inappropriately been disrespectful, aggressive, and even assaultive to multiple Mental Health Staff persons at GMDC. At this point in time, wouldn't it be appropriate to transfer this patient to a higher

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level of care? His behavior has been an ongoing issue for staff safety that now needs to be addressed immediately. Up to this time, we have been moving other detainees off of the unit that Patient W [REDACTED] has harmed--and, also, moving professional staff around to other locations who Patient W [REDACTED] has threatened. Perhaps, MH and DOC administrators would now consider reviewing the video footage from GMDC MO/3MA Housing Unit to verify Patient W [REDACTED]'s dangerous, relentless, and offensive behavior towards staff and his peers. I hope that this issue can be resolved before someone gets seriously hurt by Patient W [REDACTED]. While it is true that we are, as practitioners, obligated to provide treatment and care to challenging patients; our well-being and safety must also be considered.

Kecia Harris, LMSW

From: Morisset, Bianca

Sent: Tuesday, August 04, 2015 11:11 PM

To: Dist - Rikers Psych-Admin; Dist - Rikers Operations; Chan, Rose; Matta, Gilberto; Dist - GMDC Team Leaders; Harris, Kecia; Worrell, Shanna; Thomas, Gilbert; Frey, Matthew; Mack, Monique; Amendola, Theresa; Youn, Yuna; John, Daisy2; Stancato, Nikol; Garcia, Gladys; Garcia, Gladys; Johnson, Valsa; Gritta, Sabina; Suarez, Froilan; Thummala, Bhaktavatsala; Canal, Constantin

Subject: potentially assaultive patient

To Whom It May Concern:

I am Bianca Morisset, the steady evening Mental Health Clinician for GMDC's Mental Observation Housing Units. The patient K [REDACTED] W [REDACTED] (B&C# 3491313671 and NYSID [REDACTED]) requested to be seen by mental health staff on August 04, 2015 during an institutional lock down. During the encounter with this patient he exposed himself and started to aggressively masturbate in my presence. This patient's behavior is unacceptable as he continues to be disrespectful, threatening and aggressive towards Mental Health staff and more vulnerable psychiatric patients housed on the Mental Observation Unit with him. Several patients in his housing area have made numerous complaints about his behavior. While this writer is with other patients he becomes intrusive and disregards the patient that is trying to receive their services. Patients have been moved off of the unit because of this patient. Mental health staff has been relocated or fear for their safety because of this patient.

I have been notified by DOC Officers that Mr. W [REDACTED] admitted to smoking marijuana in his cell. The Mental Health Clinician Shanna, Worrell no longer does rounds in 3 MA because he acted in an aggressive manner towards her while on the unit. Additionally, Theresa Amendola no longer works in the MO area because Mr. W [REDACTED] charged toward her and caused her to fear for her safety. On another occasion, Mr. W [REDACTED] clenched his fists and put up his hands attempting to initiate a fight with Gilbert Thomas, another clinician. Furthermore, Mr. W [REDACTED] had threatened to throw urine and feces on the Clinician Supervisor Nikol, Stancato. On another occasion, he exposed him and started to masturbate during an encounter with the clinician Kecia, Harris. This inmate has caused a hostile work environment for all of the mental health staff that work in GMDC. There have been no consequences for Mr. W [REDACTED]'s unacceptable behavior and rule breaking. I anticipate that having this inmate continue to be housed in GMDC will result in violence toward mental health staff here.

Thank you for communicating with us (me). I just want to mention before it is too late that us being informed and being able to inform each other is a step that can be implemented immediately and encouraged among clinicians and MH staff. Pt. needs to be treated (thoroughly assessed in regard to their aggressive and criminal behaviors where we have an easy to read profile of any patient before we meet with him (her)). And then individual treatment plan with concrete behavioral goals and steps towards reaching those goals should be established by MH experts for those patients -- not DOC. Uniform response should be established in regard to sexually inappropriate behaviors: how to differentiate between privately masturbating vs publicly masturbating, the first is the inmate right the second one is against the law, also how to establish when it is a symptom of manic behavior, bizarre and psychotic behaviors, when it is a conduct --

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anger towards the system and authority and when is compulsion and when is simply criminal behavior, doing it because it is victimization widely unpunished, easy to be a perpetrator and not suffer consequences. Once we establish that we can proceed with adequate treatment. Staff that is dealing with those patients, MO patients in general needs to be recognized by being given hazardous pay. Thank you, Sanja Medich

From: Konrad, Shane

Sent: Wednesday, August 05, 2015 1:52 AM

To: Morisset, Bianca; Medich, Sanja; Harris, Kecia

Cc: Dist - Rikers Psych-Admin; Chan, Rose; Stancato, Nikol

Subject: Re: potentially assaultive patient

Hello Ms. Morisset, Thank you for communicating with us (me). I just want to mention before it is too late that us being informed and being able to inform each other is a step that can be implemented immediately and encouraged among clinicians and MH staff. Pt. needs to be treated (thoroughly assessed in regard to their aggressive and criminal behaviors where we have an easy to read profile of any patient before we meet with him (her)). And then individual treatment plan with concrete behavioral goals and steps towards reaching those goals should be established by MH experts for those patients – not DOC. Uniform response should be established in regard to sexually inappropriate behaviors: how to differentiate between privately masturbating vs publicly masturbating, the first is the inmate right the second one is against the law, also how to establish when it is a symptom of manic behavior, bizarre and psychotic behaviors, when it is a conduct – anger towards the system and authority and when is compulsion and when is simply criminal behavior, doing it because it is victimization widely unpunished, easy to be a perpetrator and not suffer consequences. Once we establish that we can proceed with adequate treatment. Staff that is dealing with those patients, MO patients in general needs to be recognized by being given hazardous pay. Thank you, Sanja Medich

From: Konrad, Shane

Sent: Wednesday, August 05, 2015 1:52 AM

To: Morisset, Bianca; Medich, Sanja; Harris, Kecia

Cc: Dist - Rikers Psych-Admin; Chan, Rose; Stancato, Nikol

Subject: Re: potentially assaultive patient

Hello Ms. Morisset,

Thank you for escalating your concerns about this patient to administration. We received a similar email from Ms. Medich earlier today and I responded to an email from Ms. Harris over the weekend. Mr. W [REDACTED] is a very challenging and well known patient who has been discussed at multiple recent meetings with mental health and DOC administration. It has been very difficult to find a suitable housing area for this patient.

We all consider staff safety to be of utmost importance. It would be very helpful to get input from you and your colleagues about potential behavior plans or other specific interventions that could be utilized to improve his behavior and staff safety. In addition, if you all have suggestions of an alternative housing location that would provide more staff safety than his current cell housing we could certainly look into other options.

If you can respond I will share the input with mental health and DOC leadership at our 11am meeting.

Sincerely,

Shane Konrad, MD

Deputy Director of Mental Health

Rikers Island Correctional Facility

Correctional Medical Associates of New York, PC

Office: 347-774-7031

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Fax: 347-774-8056
 Work Cell: 347-997-0010
 Personal Cell: 347-263-7654

Thank you for escalating your concerns about this patient to administration. We received a similar email from Ms. Medich earlier today and I responded to an email from Ms. Harris over the weekend. Mr. W [REDACTED] is a very challenging and well known patient who has been discussed at multiple recent meetings with mental health and DOC administration. It has been very difficult to find a suitable housing area for this patient.

We all consider staff safety to be of utmost importance. It would be very helpful to get input from you and your colleagues about potential behavior plans or other specific interventions that could be utilized to improve his behavior and staff safety. In addition, if you all have suggestions of an alternative housing location that would provide more staff safety than his current cell housing we could certainly look into other options.

If you can respond I will share the input with mental health and DOC leadership at our 11am meeting.

Sincerely,

Shane Konrad, MD
 Deputy Director of Mental Health
 Rikers Island Correctional Facility
 Correctional Medical Associates of New York, PC

Office: 347-774-7031
 Fax: 347-774-8056
 Work Cell: 347-997-0010
 Personal Cell: 347-263-7654

Yes, I would like to discuss this during the conference and I demand that no other employee goes through it without knowing her RIGHTS AHEAD OF TIME! I also need to know that no other inmate goes through this without knowing his consequences for his behavior!!!! THOSE RULES ARE TO BE VISIBLE ALL OVER THE ISLAND, REHEARSED DAILY, AND REINFORCED EVERY SECOND – respect for a woman employee in a jail is not a matter of a comfy meetings! Especially every single manager and supervisor should be able to recite it in a second for any employee at any moment.

CORIZON is even slower in responding then DOC that is extremely slow too (took 5 hours to proceed the report to right channels and get a copy). However, based on a short conversation in a hallway, Dep G. already made decisions indicating to me that he believes the inmate needs nothing more than infraction and/or \$25 fine because he is an MO. As a professional with expertise in dealing with jail population, I would not write an infraction if my evaluation is that it is MO related behavior. As an employee –protective procedures and legal rights for an employee being forcibly touched by an inmate should have been CLEARLY PRESENTED TO ME EVEN BEFORE IT HAPPENS.

This is to notify that my direct management did nothing else except refer me to HR, where I was informed that somebody by the name Martha with the last name starting with V. will contact me about my legal rights. Please proceed this letter to whoever needs to overlook this situation. Thank you, Sanja Medich

Scan of the report will follow in the following email

From: Kennedy, Lauren
 Sent: Tuesday, August 11, 2015 4:33 PM
 To: Messineo, Kathryn; Medich, Sanja; Brace, Kristina

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Cc: Simpson, Justin
Subject: RE: incident

Hi,
Would you like to discuss during case conference tomorrow as a team?

Lauren Kennedy, LMHC, NCC

I'm in a process of locating a representative.

From: Vormittag, Martha
Sent: Wednesday, August 12, 2015 10:43 AM
To: Medich, Sanja; Leibowitz, Neil; Konrad, Shane
Cc: Kennedy, Lauren
Subject: RE: Undignifying and unsafe conditions for female employees in your agency

Sanja-

Please come over to HR now so that we may discuss this issue. You are free to bring a representative with you.

Thank you.

Martha I. Vormittag, MS
Director of Human Resources



Office: 347-774-7294
Mobile: 347-899-1887
Fax: 347-774-8151
E-Mail: Martha.Vormittag@CorizonNYC.com
Mailing: 49-04 19th Avenue | Astoria, NY 11105
www.CorizonHealth.com

From: Medich, Sanja
Sent: Wednesday, August 12, 2015 10:42 AM
To: Vormittag, Martha; Leibowitz, Neil; Konrad, Shane
Cc: Kennedy, Lauren
Subject: FW: Undignifying and unsafe conditions for female employees in your agency

I was just informed that according to Human Resources I need to leave the premises. I need that in writing and I need a union representative to be present and informed about actions taken.
Sanja Medich

From: Medich, Sanja
Sent: Wednesday, August 12, 2015 9:53 AM
To: Vormittag, Martha
Cc: To Human Resources:

Since my letter to Dr. Leibowitz about sexual harassment of women working for Corizon at NYC jails, there have been many incidences of sexual harassment that I have been made aware of that are officially reported and in all of these

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incidences there was a lack of action suggesting that these behaviors are tolerated and/ or ignored. Yesterday it happened to me. Enclosed is the incident report. I refuse to accept any further assignments until the following documents are provided to me;

1. A formal document stating that following behaviors are not supported, ignored, and/or tolerated by my employer as a part of jail environment where people we serve are allowed to engage in; sexual harassment, exposure of private areas, forcible touching.

a) As female employees we are sexually harassed on a daily basis such as calling her "a bitch", or similar, asking her to perform sexual act as "suck my dick" and any comment about her body parts as "fat ass".

b) Exposing private parts and forcible touching is a sexual offense and therefore against the law. Furthermore any attack on a woman that has sexual connotation is considered rape, which is a very serious offense.

2. Formal document stating safe, dignifying, fast, effective and easy ways to report any of the above mentioned incidents: numerous employees are unaware of the proper procedure to report such incidents, if any procedures exist.

3. Formal document stating what actions are taken to prevent further incidents like this from happening.

4. Formal document informing me about my rights and how to reinforce them including compensation from my employer after something like this happens.

I'm capable, willing and qualified in assisting you in producing these documents in a timely matter.

Sanja Medich, LMHC

Mental Health Clinician

Subject: Undignifying and unsafe conditions for female employees in your agency

MEMORANDUM

TO: All CORIZON HEALTH EMPLOYEES

FROM: HUMAN RESOURCES AND EXECUTIVE LEADERSHIP at CORIZON HEALTH

DATE: August 14th, 2015

RE: Sexual harassment by patients

Over the course of the past year, Corizon Health is proud to state that through collaboration with staff, unions and government agencies, significant progress has been taken in the effort to improve the work environment for our employees.

Although we acknowledge that the potential of incident is not able to be completely alleviated due to the type of environment that we work in, we stand firm in that Corizon Health still maintains a zero tolerance policy of any type of harassment by patients to staff – whether it be verbal threats of violence, splashings, physical contact or comments or body language that is sexually explicit in nature.

In the event that you feel that you are being, or have been victimized or violated by a patient in any sexual manner, including unwelcomed sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature, please promptly tell your supervisor. You can also report the complaint to the Department of Corrections at 718-204-0378 or directly with the Clinic Captain in your facility. Corizon Health supports an employee's independent decision to file an incident report with the Department of Corrections, free from the fear of retaliation, to have an infraction filed against the patient. Furthermore, you also have the right to file formal charges against a patient, should an event reach that threshold.

In the best interest of an individual provider of care, as well as the availability of care, each case will be reviewed on a case-by-case basis to determine if moving of the patient is feasible.

For more information, please also refer to our Workplace Violence Prevention Program that was rolled out in November 2014, which can be found on the Intranet under 'HR Policies'.

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From: Medich, Sanja
Sent: Tuesday, August 18, 2015 10:43 AM
To: Hyde, Dorrell; Kennedy, Lauren
Cc: Scott, Natalie
Subject: Request for transfer to GP unit

After I reported the crime that occurred on Hearts Island (forcible touching), the incident has been ignored as if that is something normal to occur while treating MO patients in MO units. Until I, as a professional women that did not sign a contract of employment where sexual advances are part of the environment, until I am informed about efforts taken to alleviate the potential of incident that are acknowledged in your memo as "due to the type of environment we work in"; and until I'm informed about what has Corizon done to stand firm in a zero tolerance policy of sexual harassment and assaults on women working on MO units with MO patients except inform me that I have right to press formal charges against (punish) a patient who I'm hired to treat; and until I'm reassured that if an incident happened again and I go through as of now excruciating process of reporting it, I'm not going to be retaliated against by Corizon by relating to me as if I'm the one doing something wrong and having "issues" or "problems" or "am not fit for working in this environment", until then I request to work in a GP clinic within any jail on any two consecutive days double shift preferably weekends.

All I'm asking for is to treat patients in a professional environment where those issues are addressed professionally with adequate MH leadership that is addressing the problem and not ignoring it. I would also like to have some documentation that the city, specifically Department of Mental Health is informed about the incident and the way it has been handled. Please let me know how can I officially go about informing them or what have you done to inform them about the incident.

Thank you, Sanja Medich LMHC

From: Leibowitz, Neil
Sent: Friday, August 21, 2015 4:01 PM
To: Medich, Sanja
Cc: Konrad, Shane
Subject: Memo

Ms. Medich:

This memo is to memorialize your behavior on 8/12/15.

On 8/12/15, you reported to work at 7:57. At 10:02 that morning, you sent an email noting "I refuse to accept any further assignments until the following documents are provided to me." At that point you were told that you would be taken off the clock and must leave the facility. You then refused to leave the facility.

As was discussed with you, reporting to work and refusing any and all assignments amounts to insubordination and is not acceptable. Facility leadership are available to discuss concerns with a particular assignment and may escalate as needed. As is out practice, we often honor reasonable requests to not work in a specific place due to individual safety issues. However, you may not report to work and refuse to work anywhere.

Additionally, as per DOC and Corizon/CMA policy/procedure, it is not allowed for staff to be in a correctional facility while not performing their duties sans break time. It is expected that once a staff member is not working, they are required to vacate Rikers Island immediately.

Thank you for consideration.

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Best,
Neil

From Konrad on 9/11/2015

Hello Ms. Medich,

I'm following-up on your request to transfer from AMKC MO to GP. You will need to go through the proper channels and view the Corizon website to see if there are any vacancies posted in C95. Then you can apply for the position and union rules of seniority, etc will be taken into consideration.

If there are no posted openings, you and your union representative would have to request an even swap with another willing clinician currently in GP. Everyone would need to be in agreement to make this swap to avoid a grievance of not abiding by union rules. I have cc'ed HR on this email as they may not allow this swap.

Thank you,

Shane Konrad, MD
Deputy Director of Mental Health
Rikers Island Correctional Facility
Correctional Medical Associates of New York, PC

Office: 347-774-7031
Fax: 347-774-8056
Work Cell: 347-997-0010
Personal Cell: 347-263-7654

Exhibit 22

U.S. EQUAL EMPLOYMENT
OPPORTUNITY COMMISSION

Charge No. :

LINDA UNNELAND,

Complainant,

-against-

CORIZON HEALTH, INC. and
THE CITY OF NEW YORK

Respondents.

AMENDED COMPLAINT

Complainant Linda Unneland, as and for her Complaint, alleges as follows:

1. I worked as a mental health clinician ("MHC") at Rikers Island from September 13, 2010, until September 14, 2015, for Respondent Corizon Health Inc. ("Corizon").¹
2. At all times material, I was also jointly employed by Respondent City of New York insofar as it exercised immediate control and retained overall responsibility over Defendant Corizon employees because, through Corizon's contract with the City of New York Department of Health & Mental Hygiene, the City of New York shared in the hiring, firing, discipline, and/or records of Defendant Corizon employees assigned to work at Rikers Island.
3. I have been routinely exposed to severe and pervasive sexual harassment, including but not limited to cat calls, threats of rape and other sexual violence, and exhibitionist masturbation.²

¹ Corizon was previously known as Prison Health Services, Inc.

² In addition, Rikers' inmates customarily and with no repercussion post pornographic materials on their walls and are allowed to watch movies with explicit sexual content on community television sets.

4. I repeatedly informed my supervisors and human resources about the sexually harassing conduct I suffered, but Respondents did not take any adequate remedial measures to mitigate my sexually hostile work environment.

SPECIFIC EXAMPLES OF SEXUAL HARRASMENT AND COMPLAINTS

5. In 2014, I was required to provide treatment in a clinic room to inmate D [REDACTED] G [REDACTED], who is serving his sentence for raping a woman in a laundromat. During our sessions, the inmate routinely exposed his genitals and began a harassment campaign against me when I refused to continue meeting with him in the future. He threatened me with physical harm on more than one occasion. The inmate yelled at me, "I am going to fuck you up. You better watch your back." I complained to my supervisor, Dr. Jerome Norton, about this behavior. Dr. Norton eventually arranged for the transfer of the inmate to another building, where he severely beat another female MHC. She had not been warned by Corizon administrators of his predisposition to violence toward women. I routinely witnessed inmates with violent histories like Mr. G [REDACTED] shuffled from one housing area to another without prior warning to the assigned clinical staff, which caused me to fear for my own safety and welfare.

6. Another inmate who exposed his genitals and masturbated during our sessions was J [REDACTED] M [REDACTED]. Mr. M [REDACTED] later severely assaulted and injured a mental health intern, Stephanie Porcell, who required reconstructive surgery to her face due to sustaining a broken jaw, eye socket, and nose. There were no correction officers or anyone else close by who could have protected me during sessions with inmates with histories of aggression and sex crimes. In fact, typically there was only one correction officer assigned per approximately 40 inmates and the officer was frequently distracted by watching other inmates, thereby rendering him incapable of promptly coming to my rescue. On March 28, 2014, I sent an email to Eileen McNerny,

Regional Director of Human Resources at Corizon, and Dr. Andiea Harris, Deputy Commissioner of Mental Health, expressing my concerns and distress caused by the inmate's behavior and the fact that I was left alone with him. Dr. Harris responded by suggesting that I leave the housing unit at any time I did not feel safe and report the incident to the Unit Chief or a Clinical Supervisor. Such response is completely inadequate since it does nothing to prevent the incidents of violence and/or sexual harassment.

7. In April, 2014, after the severe physical assault on the intern by J [REDACTED] M [REDACTED] and a separate sexual assault of another female intern by another inmate on a Mental Observation housing unit, for approximately one month I stopped entering the housing units and conducted my sessions from the bubble area behind a plexiglass barrier. This was until an inmate complained that he was not afforded enough privacy during the sessions held in this manner. At that time, I was called into a meeting with Unit Chief Dorrel Hyde, Assistant Unit Chief Lauren Kennedy and several clinical supervisors. I was told by Mr. Hyde during this meeting that "we must go into the housing areas." I then asked Mr. Hyde to put this directive in writing, which was never done.

8. On May 6, 2014, an inmate was threatening me and screaming obscenities at me while I was conducting an interview with another patient. I reported this incident and expressed safety concerns via email to Mr. Hyde, Ms. Kennedy, Clinical Supervisor Dr. Justin Simpson, and the Senior Psychiatrist Dr. Kiyoko Ogoke.³ My concerns, however, were not addressed.

9. On November 12, 2014, two inmates on the housing unit became verbally

³ In fact, many emails were sent during my 5 year tenure at Corizon about the safety breaches associated with the requirement to conduct clinical interviews in the housing areas where multiple inmates with Aggressive Patient alerts and histories of sexual violence were housed. In many of these housing units, there were no separate interview rooms and no adequate DOC presence.

aggressive toward me, threatening physical harm. One of the inmates threw a broomstick forcefully onto the floor in my vicinity. Another was walking around with a hand-fashioned rope. I reported the incident to Mr. Hyde, Ms. Kennedy, Dr. Ogoke and Dr. Justin Simpson. Several days before this incident, I had emailed the above supervisors informing them that the two inmates had not been complying with their medications, had been acting aggressively, and were in need of hospitalization and lock up to avoid the injuries they could cause. My requests once again were ignored. I witnessed and reported numerous similar incidents during my employment with Corizon, but most often there was a lack of a timely response, if any at all.

10. On another occasion in 2014, an inmate touched my buttocks while the security staff were distracted by a fight which had broken out between 2 inmates in the bubble area leading to the housing units. I had previously sent email warnings to Corizon's management that requiring MHCs to enter the housing areas was akin to a "death trap" due to the lack of ready exit in the event of an emergency. In addition, in the housing areas, correction officers are vastly outnumbered by inmates

11. Corizon management to whom I reported instances of sexual harassment and/or violence and asked for certain preventive measures to be taken (such as alerting MHCs of patients' histories of aggression and sexual assaults;⁴ ensuring proximity of a correction officer

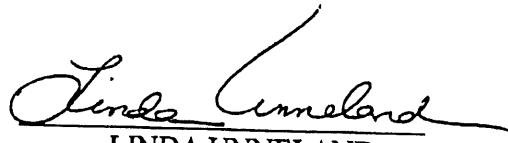
⁴ Rikers' current system of "aggressive patient alerts" is insufficient and useless to Mental Health Clinicians because such alerts do not describe specific or recent incidents of aggression and do not alert of stand-alone sexual assaults. Most importantly, the list of approximately 300 inmates with "aggressive patient alerts" is distributed daily and has no pictures of the inmates, so it is virtually impossible for mental health personnel to know in advance if they will encounter aggressive patients or patients with history of sexual assaults on staff on a given day. DOC, in addition, routinely misclassifies inmates (e.g., in April 2015, inmate T [REDACTED] H [REDACTED], who jumped on an MHC at Rikers in 2012, lacerated her face and caused a concussion, was placed in a housing unit at AMKC where mental health clinicians routinely provide treatment, with no warning to us whatsoever). When I expressed my concerns about the alert system to my

when an MHC is in a housing unit; making available separate housing for decompensating patients; having plexiglass barriers between clinicians and patients) included Dr. Neil Leibowitz, Director of Mental Health, Dr. Andiea Harris, Deputy Director of Mental Health, Dorrel Hyde, Unit Chief, Lauren Kennedy, Assistant Unit Chief, Fazal Yussuff, Director of Operations at Corizon, Jerome Donohue, Director of Human Resources, Eileen McNierny, Regional Director of Human Resources, Dr. Jerome Norton, Clinical Supervisor, Dr. Justin Simpson, Clinical Supervisor, Dr. Jessica Linnick, Clinical Supervisor, Martha Vormitagg, Director of Human Resources and others.

12. In the summer of 2015, I attended a meeting with Dr. Leibowitz, Dr. Shane Konrad, Martha Vormitagg, Director of Human Resources, and others, to address safety and sexual harassment concerns. At the meeting, I questioned Dr. Leibowitz regarding the reason for not installing plexiglass barriers to safeguard the mental health staff. Dr. Leibowitz responded that the Department of Health was opposed to this idea because it made inmates seem "animalistic." He also suggested that the reason MHCs are assaulted is because they sit too close to the inmates during the clinical encounters.

13. To my knowledge, inmates' violent behavior at Rikers is primarily directed at female rather than male MHCs.

Dated: New York, New York
August 31, 2016


LINDA UNNELAND

supervisor Lauren Kennedy, she summarily dismissed them stating that "we have just too many people to monitor."

Exhibit 23

Thompson, Serena

From: Romano, Israel
Sent: Tuesday, November 05, 2013 5:58 PM
To: Thompson, Serena
Subject: RE: hand cuffs

Do whatever is possible. If you don't feel comfortable don't take chances.

Israel Romano, Ph.D.
Clinical Supervisor /AMKC RHU
Rikers Island Correctional Facility

CORRECTIONAL MEDICAL ASSOCIATES OF NEW YORK, P.C.
Office: 347-774-7503

E-Mail: israel.romano@CorizonNYC.com
Mailing: 49-04 19th Avenue | Astoria, NY 11105

From: Thompson, Serena
Sent: Tuesday, November 05, 2013 5:57 PM
To: Romano, Israel
Subject: hand cuffs

I need handcuffs on the unit!! I don't feel comfortable with a daisy chain- where they cuff each other to the same chain. If we don't use it there is no way I can get everything done tonight.

Thompson, Serena

From: Anthony Waters <awaters1@health.nyc.gov>
Sent: Tuesday, December 02, 2014 12:35 PM
To: Davidson, Igor; Thompson, Serena; Leung, Yat; Jones, Vanessa; Leibowitz, Neil; Harris, Andiea; Ford, Elizabeth; Leung, Yat
Cc: Sottile, Giuseppe; Kennedy, Lauren; Hyde, Dorrell; Thompson, Serena
Subject: RE: PT MM Threats against Staff

Good afternoon all,

I would like to update you all on the plan for Mr. MM. As noted in an earlier email, we are working to secure an RHU bed and I have been informed by custody management that the cell of the next pt discharged from an RHU will be dedicated to Mr. MM. In the interim, facility DOC agreed to keep him off of the CAPS unit. When I spoke with Dep Gallagher this morning, he had an officer working with him individually in Hart's Island clinic, after which he will be temporarily housed in 5 or 7 until the RHU bed is secured. An evaluation for SW should be conducted for this period. DOC also agreed to inform Dr. Leung and Ms. Kennedy if MM is moved out of HI so that staff can take necessary precautions. He should not be returned to the CAPS unit.

I realize this is a very trying situation and I would also like to acknowledge the dedication of the clinical team as you all continue to work diligently on behalf of our patients despite these challenges.

Thank you,

A

From: Davidson, Igor [mailto:Igor.Davidson@CorizonNYC.com]
Sent: Tuesday, December 02, 2014 11:14 AM
To: Thompson, Serena; Yat Leung; Jones, Vanessa; Leibowitz, Neil; Harris, Andiea; Elizabeth Ford; Yat Leung; Anthony Waters
Cc: Sottile, Giuseppe; Kennedy, Lauren; Hyde, Dorrell; Thompson, Serena
Subject: RE: PT MM Threats against Staff

I am in full agreement with Ms. Thompson that this continues to be an inappropriate placement, and security for Ms. Thompson is more compromised than ever. Please assist.

Regards,

Dr. Davidson

From: Thompson, Serena
Sent: Tuesday, December 02, 2014 9:44 AM
To: Leung, Yat; Jones, Vanessa; Leibowitz, Neil; Harris, Andiea; Ford, Elizabeth; Leung, Yat; Waters, Anthony
Cc: Sottile, Giuseppe; Davidson, Igor; Kennedy, Lauren; Hyde, Dorrell
Subject: PT MM Threats against Staff

Good Morning Everyone

M. M~~u~~ was involved in another physical altercation on the unit yesterday. He broke the sprinkler at 6am today. Dep. Dumbard told the officers to keep him busy as to avoid a use of force. When I walked into the building this morning M. M~~u~~ was in the hallway with a broom cleaning. As far as I am concerned, he now has a weapon. Not

only is my safety continuously being overlooked and in jeopardy, this is portraying to the other patients that they can act out and get rewarded. Indirectly and directly negatively affecting the entire program. He is also a threat to the security and safety of the other patients on the unit and other staff.

To be fair, I was informed that DOC is working on transferring him to the RHU when a bed becomes available. As one can imagine, this entire situation has impacted me emotionally, physically and caused me a tremendous amount distress. I should have never been placed in this situation and I would appreciate it if the situation would be eradicated today!

Thank You,

Serena Thompson

From: Thompson, Serena
Sent: Monday, December 01, 2014 1:06 PM
To: Sottile, Giuseppe; Davidson, Igor; Kennedy, Lauren; Hyde, Dorrell; Leung, Yat; Jones, Vanessa
Cc: Leibowitz, Neil; Harris, Andiea
Subject: PT MM Threats against Staff

Good Afternoon.

It has come to my attention that patient M. M. may have been awarded a job by DOC. Not only is he on Intake level and should not be afforded a job, he has been in several physical altercations in his short time in the CAPS program, is on the aggressive patient list, and this increases his access to me. This morning while in a meeting off the unit, M. M. was standing on the bridge blocking the gate from being closed. This is directly next to where the meeting was being held. I called Dr. Sottile to see where the patient was later on in the day so I could take a break, and was informed that he is in the hallway. M. M. has been in the hallway or on the bridge the entire day.

On 11/20/14 this was stated as a "safety" plan: "On our end we are trying to limit potential accidental contact with Ms. Thompson. We also you're your help to avoid contact as well. I am asking you to work with you staff to make them aware of this issue display extra caution, especially in not allowing him to leave the unit and go onto the bridge or in any other situation requiring transport off of the CAPS unit."

As I already stated on 11/28/14 if this patient stays in CAPS I have a high risk of having encounters with him, thus increasing the risk of him having access to assault me. This is gross negligence on the part of DOC, Corizon, and DOHMH. This is a blatant disregard for ensuring my safety.

Thanks

Serena

From: Thompson, Serena
Sent: Friday, November 28, 2014 9:14 AM
To: Leibowitz, Neil
Cc: Sottile, Giuseppe; Davidson, Igor; Kennedy, Lauren; Hyde, Dorrell; Leung, Yat
Subject: FW: PT MM Threats against Staff

Good Morning Everyone.

As most of you are already aware, on 11/26/14 I walked off the CAPS unit (MOD 1LA) and when I got out of the gate, Pt. M. M. was sitting in the hallway eating lunch. He requested to speak with me. Luckily I was able to inform the officer beforehand about the security concern with M. M. He engaged with me in a superficial and sarcastic manner and stated, "Don't worry Serena I love you I wouldn't hurt you." This further reiterates to me that he is aware of me being uncomfortable around him due to his previous threats. His engagement with me was passive aggressive


Thompson, Serena

From: Leibowitz, Neil
Sent: Thursday, November 20, 2014 2:41 PM
To: Thompson, Serena
Subject: FW: PT MM Threats against Staff

I asked joe to speak with you, but also feel free to call me at 347-537-8280 to discuss.

Thanks.

Neil

 **From:** Leibowitz, Neil
Sent: Thursday, November 20, 2014 2:37 PM
To: Berliner, Erik; 'John.Gallagher@doc.nyc.gov'; 'Lytressa.Payton@doc.nyc.gov'; 'Margarito, Edith' (Edith.Margarito@doc.nyc.gov); 'Barnes, William'; Gumusdere, Turhan
Cc: 'Nathaniel.Bialek@doc.nyc.gov'; Williams, Roderick; Harris, Andiea; Lee, Jessica; Cowan, Jay; Sottile, Giuseppe; Davidson, Igor; Hyde, Dorrell; Kennedy, Lauren; Ford, Elizabeth; Leung, Yat; Waters, Anthony
Subject: PT MM Threats against Staff

Good afternoon:

I following up on a meeting several of you attended yesterday, M M did make a homicidal threat toward clinician Serena Thompson on 1/7/14. It is unclear whether this was reported centrally to DOC, but it was reported at the facility level. (We will make efforts to report this centrally going forward). At that point he was transferred from the building.

At this point it appears that CAPS represents the only treatment option for this patient. We have spoken with M and at this time he is not endorsing any homicidality toward Ms. Thompson. However, in transferring him, we feel strongly that precautions be maintained to avoid interaction between Ms Thompson and MM. On our end we are trying to limit potential accidental contact with Ms. Thompson. We also you're your help to avoid contact as well. I am asking you to work with you staff to make them aware of this issue display extra caution, especially in not allowing him to leave the unit and go onto the bridge or in any other situation requiring transport off of the CAPS unit (Ms. Thompson works on the other side).

Thank you in advance for your cooperation.

Neil

Thompson, Serena

From: LaGrange, Beth
Sent: Wednesday, April 24, 2013 9:02 AM
To: Thompson, Serena; Donovan, Janine
Subject: FW: Hand cuffs & Concerns

Fyi, see below. I'll keep you posted.

Beth LaGrange, Ph.D.

Clinical Supervisor, AMKC RHU

Rikers Island Correctional Facility

CORRECTIONAL MEDICAL ASSOCIATES OF NEW YORK, P.C.

Office: 347-774-7503

Fax: 718-546-3891

E-Mail: beth.lagrange@CorizonNYC.com

Mailing: 49-04 19th Avenue | Astoria, NY 11105

Please consider the environment before printing this email.

From: Harris, Andiea
Sent: Wednesday, April 24, 2013 8:57 AM
To: LaGrange, Beth
Cc: Minervini, Christina; Selling, Daniel; Panove, Elena; Anthony Waters
Subject: RE: Hand cuffs & Concerns

Good morning and welcome back!

We were hoping to address the issues at the Chief's mtg which is now scheduled for this Friday at 10am. I'm also copying Drs. Selling, Panove and Waters on this email as I had informed them and need to see this follow up.

Thank you.

A. Harris, Ph.D., CCHP
Mental Health Deputy Director
Rikers Island Correctional Facility

From: LaGrange, Beth
Sent: Wednesday, April 24, 2013 8:49 AM
To: Harris, Andiea
Cc: Minervini, Christina
Subject: FW: Hand cuffs & Concerns

Good morning Dr. Harris, I just wanted to let you know that there are still not enough handcuffs on the unit (see Serena's update below). I never heard anything back from Warden Rivera about when we might expect to get more. Also, despite regularly explaining the program and how behavioral reinforcements work to the officers on the unit, as well as discussing specific individualized plan (i.e., the individual described below), we are still having difficulty getting them to work with us. I will email Dep Gallagher later and ask him to reinforce with the officers.

10/4/2013

CONFIDENTIAL

PLAINTIFFS001143

I really think they will respond better if the directives come from within (DOC) rather than from mental health. Yesterday, there was a search of the unit, which yielded 3 weapons, as well as one of the pts attacking another during the search.

Beth LaGrange, Ph.D.

Clinical Supervisor, AMKC RHU

Rikers Island Correctional Facility

CORRECTIONAL MEDICAL ASSOCIATES OF NEW YORK, P.C.

Office: 347-774-7503

Fax: 718-546-3891

E-Mail: beth.lagrang@CorizonNYC.com

Mailing: 49-04 19th Avenue | Astoria, NY 11105

Please consider the environment before printing this email.

From: Thompson, Serena
Sent: Monday, April 22, 2013 1:02 PM
To: LaGrange, Beth
Cc: Minervini, Christina; Asaro, Jesika
Subject: Hand cuffs & Concerns

Hi Dr LaGrange

I just wanted to inform you that we still do not have the proper amount of hand cuffs on the unit. Today I believe we had three. Captain Blair was notified and she stated that she would speak with Dep. Gallagher.

Additionally, Officer [REDACTED] has been working on the unit this past week and today. He has been taking [REDACTED] out of his cell and allowing him to walk up and down the tier allowing him to speak with other inmates in their cell. He was taking [REDACTED] back and forth to law library and some days he provided [REDACTED] with three showers even though he was acting out. It is becoming a security concern as [REDACTED] is known to have problems with some of the Pts. For instance, On Thursday [REDACTED] was allowed out of his cell and he was standing by the dayroom instigating and insulting [REDACTED] while he was in group. Today he opened [REDACTED] slot and was once again unable to close it. Torres had to go on the tier and close [REDACTED] slot. [REDACTED] had a bottle filled with urine he was planning on throwing at someone. Is it possible to ask that his officer not be able to take the post anymore? It is getting out of hand.

Thank you.

Serena Thompson, LMSW
Rikers Island Correctional Facility
Correctional Medical Associates of NY, P.C
18-18 Hazen Street
East Elmhurst, NY 11370
Serena.Thompson@CorizonNYC.com

10/4/2013

To: Gallagher, John [John.Gallagher@doc.nyc.gov]
From: Minervini, Christina
Sent: Wed 8/14/2013 3:01:37 AM (UTC)
Subject: Fwd: Patient

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I have no words for this.

Christina Minervini-Bertin, M.A., CCHP
MH Unit Manager
AMKC C-95/C-71
(718)546-3888

Begin forwarded message:

From: "Thompson, Serena" <Serena.Thompson@CorizonNYC.com>
Date: August 13, 2013 10:57:18 PM EDT
To: "Donovan, Janine" <Janine.Donovan@CorizonNYC.com>
Cc: "Romano, Israel" <Israel.Romano@CorizonNYC.com>, "Minervini, Christina" <Christina.Minervini@corizonnyc.com>
Subject: Patient

I spoke with J [REDACTED] tonight as we discussed. He informed me that he has court tomorrow. I told him that he will start back on level 2 as per the teams' decision. He asked to come out tonight for a little while and was told no. I told him that his level was dropped not only because he threw himself on the floor but because he was sexually inappropriate with you. I told him the level drop to 2 was due to various behaviors. I addressed him being sexually inappropriate with me and his masturbation. I told him that if he wants to masturbate in his cell that is fine as long as he is not on the gate and he is not staring at me. He laughed and then told me that he has a twitch problem when he is nervous and that is what I was noticing. He apologized if his behavior offended either one of us, but had that I am going to rape you look in his eye when he said it. He denied having any female issues and claims that he loves his mother. He appeared a little more stable today and did not get real aggressive. He stated that he is taking his medications now.

Thank

Serena Thompson, LMSW
Rikers Island Correctional Facility
Correctional Medical Associates of NY, P.C
18-18 Hazen Street
East Elmhurst, NY 11370
Email: serena.thompson@corizonnyc.com

From: Elena Panove [epanove@health.nyc.gov]
Sent: 10/8/2013 8:21:45 PM
To: Gallagher, John [john.gallagher@doc.nyc.gov]
Subject: Re: Important- A few Incident that occurred from 6:00 to 8:30

Thank you John, I am deeply concerned when I see such divide between mental health staff and DOC.

From: Gallagher, John [mailto:John.Gallagher@doc.nyc.gov]
Sent: Tuesday, October 08, 2013 03:29 PM
To: Elena Panove
Subject: RE: Important- A few Incident that occurred from 6:00 to 8:30

I went to RHU. Spoke to S [REDACTED]. I'm waiting to speak to Serena. This will be taken care of.

From: Elena Panove [mailto:epanove@health.nyc.gov]
Sent: Tuesday, October 08, 2013 10:06 AM
To: Gallagher, John
Subject: Fw: Important- A few Incident that occurred from 6:00 to 8:30

From: Harris, Andiea [mailto:Andiea.Harris@CorizonNYC.com]
Sent: Tuesday, October 08, 2013 08:44 AM
To: Romano, Israel <Israel.Romano@CorizonNYC.com>; Thompson, Serena <Serena.Thompson@CorizonNYC.com>
Cc: Leibowitz, Neil <Neil.Leibowitz@CorizonNYC.com>; Daniel Selling; Elena Panove; Anthony Waters; Homer Venters; Minervini, Christina <Christina.Minervini@corizonnyc.com>; Asaro, Jesika <Jesika.Asaro@CorizonNYC.com>
Subject: RE: Important- A few Incident that occurred from 6:00 to 8:30

Good morning!

Thank you for forwarding!

This is absolutely unacceptable!!!!!!! Serena so sorry for your experience. Please know that we will be addressing this issue.

I am copying Drs. Venters, Selling, Panove and Waters to follow up appropriately.

From: Thompson, Serena
Sent: Monday, October 07, 2013 9:36 PM
To: Romano, Israel
Cc: Radcliffe, Fiona; Donovan, Janine; Minervini, Christina; Asaro, Jesika
Subject: Important- A few Incident that occurred from 6:00 to 8:30

Hello Everyone

I am angry and upset at the moment so I hope this email comes across as professional as possible. An incident occurred on the unit around 6pm tonight.

An officer and Captain Williams (The tall one) searched S [REDACTED]'s cell and took out a bottle of cleaning supplies. When they put him back in I believe he held the slot for 2 seconds, S [REDACTED] did not yell or threaten anyone. The Captain and Officer opened his cell door and went in and beat him up for several minutes before pulling him on the floor onto the tier. Then the probe team came. I was on the tier right

by the cell until S [REDACTED] was pulled on the tier. The officers are trying to say that S [REDACTED] held the cuff key b/c they were in his cuff. I thought S [REDACTED] was holding the slot but he was actually waiting for them to un-cuff him. According to C [REDACTED] they left the key in his cuff on purpose as an excuse to go into his cell. Which I believe is true because I was standing right there and they didn't say anything to S [REDACTED]. I just heard the Captain tell the officer to open his cell door. C [REDACTED] stated that S [REDACTED] was trying to get to the key out of the cuff so they couldn't use it as an excuse and threw the key but they still beat him up and sprayed him. Supposedly S [REDACTED] "by mistake splashed an officer" while C [REDACTED] and S [REDACTED] were throwing water or urine at each other's cell door for fun.

**I told Officer McCray to be careful what he writes in the report and I told him what I witnessed. About 15 minutes later the officer Minichino (spelling wrong) started yelling at me about writing the incident down. He said something about why am I on the inmates side. I walked away and told him I am just doing my job. He followed me and said, "but if they attack you we are supposed to do something about it?" Then about 10 minutes later a female officer came on the unit while I was in the bubble. She started yelling something about Rapists and Murdered and then said "Oh but we are the ones who are wrong?" She had no business being on the unit. I don't feel safe with these officers on the unit.

*****About 20 minutes later I was on the tier and G [REDACTED] started throwing feces on the unit after I told him I was leaving the unit for the night. He then started flooding and Yelling that he was holding me hostage. I tried to walk passed his cell and he threw feces at me. It got on my clothes and hand. He continued to yell he was holding me hostage and NO ONE DID ANYTHING. THERE WERE SEVERAL OFFICERS IN THE BUBBLE. Captain Tinsley arrived at some point. I spoke to C [REDACTED] for a minute and then spoke to E [REDACTED]. The officers came and shut off his water but did not escort me off the unit or tell me they were going to help me. They should have called the probe team and took the feces away from him. I pulled up a chair in front of E [REDACTED]'s cell waiting for someone to help me. Finally I saw McCray at the end of the tier and I yelled to him to get me off the tier. I heard someone I believe it was the Captain but McCray said it was an officer say, "Oh she wants us to help her?" E [REDACTED] gave me a wash cloth to clean up, a pair of socks to put over my shoes and a plastic garbage bag to hold over me so I can get off the tier. I don't feel safe with these officers! This was definitely a failure to protect a civilian and negligence on their part. I also strongly feel this was done on purpose, due to the above event!!

After I complete the SW assessment and note I am leaving for the night. I think I should get paid for my full tour considering I got feces thrown on me and I obviously can't do any work on the unit. I would like this email to be forwarded to Dep. Gallagher.

Thank you.

Serena Thompson, LMSW

Rikers Island Correctional Facility
Correctional Medical Associates of NY, P.C
18-18 Hazen Street
East Elmhurst, NY 11370
Email: serena.thompson@corizonnyc.com

From: Blaskovic, Sabina [Sabina.Blaskovic@doc.nyc.gov]
Sent: 10/16/2013 12:15:48 AM
To: Homer Venters [hventer1@health.nyc.gov]
Subject: RE: F/u to case re s[REDACTED] case in amkc rhu, sent 10/8

Thank you Homer. We are investigating.

From: Homer Venters [mailto:hventer1@health.nyc.gov]
Sent: Tuesday, October 15, 2013 7:45 AM
To: Blaskovic, Sabina; Finkle, Florence; Berliner, Erik; Daniel Selling; Ross Macdonald
Subject: F/u to case re s[REDACTED] case in amkc rhu, sent 10/8

Hello

We are concerned that the incident below represents another threat by doc staff intended for our clinician Thompson. She reported observing the assault on Mr. S[REDACTED] and was concerned about retaliatory behavior by doc staff on the night of the incident. We are transferring her out of the facility asap.

Thank you for investigating.

Homer

From: Leibowitz, Neil [mailto:Neil.Leibowitz@CorizonNYC.com]
Sent: Monday, October 14, 2013 12:46 PM
To: Homer Venters; Daniel Selling
Cc: Cowan, Jay <Jay.Cowan@CorizonNYC.com>; Harris, Andiea <Andiea.Harris@CorizonNYC.com>; Zuckerman, Michael <Michael.Zuckerman@CorizonNYC.com>; Yussuff, Fazal <Fazal.Yussuff@CorizonNYC.com>
Subject: AMKC RHU Event Friday night, 10/11/13

Good afternoon:

Please see below. Given that this is the second major safety event on the AMKC RHU in the last two weeks, we will be transferring the clinician as a protective measure. Given these events, I have serious reservations about the continued operation of this unit in the current state and am concerned about the staff. My inclination would be to meet and have a meaningful discussion regarding the utility of continuing to staff and maintain programming until significant change are made and we can all feel confident both staff and patients are safe.

Thank you.

Neil

From: Harris, Andiea
Sent: Monday, October 14, 2013 10:30 AM
To: Leibowitz, Neil
Cc: Cowan, Jay
Subject: FW: Event on Friday night, 10/11/13

Hi!

Given that this was probably meant for Serena we don't feel it's safe for her to return on the unit. We're going to talk to her upon her return from vacation tomorrow to transfer her to another unit.

Thank you.

From: Mazurenko, Nina
Sent: Monday, October 14, 2013 10:25 AM
To: Harris, Andiea

Cc: Romano, Israel

Subject: Event on Friday night, 10/11/13

Dear Dr. Harris and Dr. Romano,

Here is the chain of events that happened on Friday evening while I was working on the RHU Unit, LQ7.

While I was doing rounds, the officer from the bubble had called me and said I had a phone call (estimated time 7:30-8pm). I proceeded to the bubble and picked up the phone, however, the caller has already hung up. I asked the officer who told me about the phone call who was calling for me. He responded it was Nelson. I asked the other officer standing right next to me who Nelson was and he told me it was an officer who was working at 11B at that time. I returned to the tier.

About 1.5-2 hours later the same officer from the bubble called me again stating I had another phone call. I rushed to the phone and when I picked up a gentleman on the other line (without introducing himself or asking me who I was) said a number of things to me, including something along the lines of, "Don't stick your face out, you hear me? Watch your back. You know what I'm saying, you hear me?" I was confused and before I could say anything he proceeded saying, "You know who this is, right? You know who this is?" I responded, "No, I don't." He either said "who is this" or "Is this Serena?" I said my name was Nina and after a few-second pause, the man on the line hung up.

I told the officer in the bubble that it seemed that the call was not for me and reminded him that my name was Nina. The officer said he didn't remember my name and told me that the man on the phone just asked for a clinician on the tier. I returned to the tier to attend to the inmates at that point.

Please let me know if you have any questions.

Thank you

Sincerely,
Nina Mazurenko

From: Anthony Waters [/O=HEALTH/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=ANTHONY K WATERS27B]
Sent: 11/20/2014 4:21:18 PM
To: Elizabeth Ford [eford@health.nyc.gov]
Subject: RE: Pt of concern

Second intervention was successful. M [REDACTED] agreed to transfer without a problem. Laura will continue to help facilitate the move.

From: Elizabeth Ford
Sent: Thursday, November 20, 2014 10:34 AM
To: Anthony Waters
Subject: RE: Pt of concern

OK. Do you feel comfortable spearheading this (i.e. knowing when to back down from a move, or just postpone it, if the risk/balance shifts)?

Elizabeth Ford, MD
Executive Director of Mental Health
Correctional Health Services
NYC Department of Health and Mental Hygiene
O: (347) 774-7145
Cell: (347) 461-5830

From: Anthony Waters
Sent: Thursday, November 20, 2014 10:26 AM
To: Elizabeth Ford
Subject: RE: Pt of concern

Will do. I know staff have already been speaking with Serena to discuss the rationale behind the transfer but I'll reinforce it. I just spoke to Laura who indicated that M [REDACTED] is expressing anger and an unwillingness to be transferred. We discussed how to intervene with him and she'll reach back out if there are any more problems.

From: Elizabeth Ford
Sent: Thursday, November 20, 2014 10:10 AM
To: Anthony Waters
Subject: RE: Pt of concern

Thank you. I hope you will encourage Jude to reach out to her and relay the thinking behind the transfer. Also, please speak with Neil/Andiea about the possibility of transferring Ms. Thompson to another position while M [REDACTED] is in CAPS. If you/Jude needs additional guidance, please call me on BB.

-e

Elizabeth Ford, MD
Executive Director of Mental Health
Correctional Health Services
NYC Department of Health and Mental Hygiene
O: (347) 774-7145
Cell: (347) 461-5830

From: Anthony Waters
Sent: Thursday, November 20, 2014 9:56 AM

To: Elizabeth Ford
Subject: Fw: Pt of concern

FYI

Sent from my BlackBerry 10 smartphone on the Verizon Wireless 4G LTE network.

From: Yat Leung <yleung2@health.nyc.gov>
Sent: Thursday, November 20, 2014 9:30 AM
To: Anthony Waters
Subject: FW: Pt of concern

FYI. Maybe we can talk about this sometime today.

Jude Leung, PhD
CAPS Manager
Correctional Health Services, NYC DOHMH
347-774-8267 (office)
917-697-5820 (mobile)
yleung2@health.nyc.gov

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From: Thompson, Serena [<mailto:Serena.Thompson@CorizonNYC.com>]
Sent: Thursday, November 20, 2014 9:06 AM
To: Davidson, Igor; Sottile, Giuseppe
Cc: Hyde, Dorrell; Kennedy, Lauren; Yat Leung; Harris, Andiea
Subject: Pt of concern

Good Morning Everyone.

I am aware that everyone knows of the situation that occurred on 1/7/14 where M [REDACTED] specifically threatened to kill me. When it was first discussed about him coming to CAPS, I emailed documented proof on 11/5/14 that this incident occurred. He was moved out of AMKC the following day due to this threat. I was informed that there was a meeting yesterday about this concern and it was decided to place M [REDACTED] in CAPS MOD 1LA. Despite the fact that this is not the side I work on, this is very concerning as the patient will daily be in close proximity and patients frequently come onto the bridge. There are often times when a patient is displaying threatening and aggressive behavior and they are not promptly locked in by DOC upon our requests. I am becoming increasingly uncomfortable with our safety risks being minimized.

I don't want anyone to take this personal, as I just wanted this documented in case I am physically assaulted.

Below is the documents I provided on 11/5/14:

From: Thompson, Serena
Sent: Tuesday, January 07, 2014 10:10 PM
To: Romano, Israel; Donovan, Janine
Subject: Major issue

M [REDACTED] threatened to kill me. He then stated that there will be a slaughter on the 15th (his court date or the day before court) and people including Mental Health will be cut and killed. He also stated to ask DOC that when he says he is going to do something he is going to do it.
He was angry because I told him that he needs to exhibit good behavior for a few days before he is allowed to come out. Started breaking a part his cell and then stopped.

I expect this to be taken care of somehow! He didn't just threaten to hurt me and MH he threatened to KILL.

Thanks

Serena

Exhibit 24

Unneland, Linda

From: Unneland, Linda
Sent: Friday, March 28, 2014 4:57 PM
To: McNerney, Eileen
Cc: Harris, Andiea; Greenberg, Naomi
Subject: RE: Aggressive Patient Alert in eCW

Yes, that is a very helpful feature. Thank-you for facilitating this Eileen.

On a separate note, I was left alone on the 1U housing unit last night as the assigned Officer walked off her post to answer a phone call without telling me. At the same time this happened, the inmate I was meeting with exposed his genitals. Had he decided to attack/sexually assault me, I would have been in a very compromised situation.

The Officer later apologized profusely and I really do not want to be in the role of reporting on Officers on whom I and other civilians depend on for safety. But it really needs to be reinforced to DOC that leaving a civilian alone on a housing unit is not an acceptable practice under any circumstance. This has happened to me many times while I have been employed here. I always make it a practice of speaking with the Officer individually about this being unacceptable, but a message needs to come from DOC supervisors that it is a serious issue to leave any civilian alone on any of the housing units.

Thank-you,
Linda Unneland, LCSW-R
Mental Health Clinician, AMKC
Rikers Island Correctional Facility
CORRECTIONAL MEDICAL ASSOCIATES OF NEW YORK, P.C.
Office: 347-774-7510
E-Mail: Linda.Unneland@CorizonNYC.com
Mailing: 49-04 19th Avenue | Astoria, NY 11105

From: McNerney, Eileen
Sent: Friday, March 28, 2014 4:31 PM
To: Unneland, Linda
Cc: Harris, Andiea; Greenberg, Naomi
Subject: FW: Aggressive Patient Alert in eCW

Linda: please take a look at this explanation below and see if it is clear. I was planning to send this out on Monday as part of a Weekly Safety Tip.

Thanks,
Eileen

From: Benjamin Farber [<mailto:bfarber1@health.nyc.gov>]
Sent: Monday, March 24, 2014 2:41 PM
To: McNerney, Eileen
Subject: RE: Aggressive Patient Alert in eCW

Hi Eileen,

Happy to be of assistance. The 'Aggressive Patient Alert' is setup as an operational code and is assigned using the same functionality a provider would use to add the diagnosis codes (ICD9) for an encounter. When a diagnosis or operational code is assigned in a patient encounter, it automatically goes to the bottom of the Problem List. However, the Problem List order can be easily modified. Unfortunately we are not able to make these codes in bold or an alternate color. Below, I have described the process of reordering the Problem List as well as the easiest way to review the progress note(s) on which it was assigned. The eCW QuickGuide that was released is also attached.

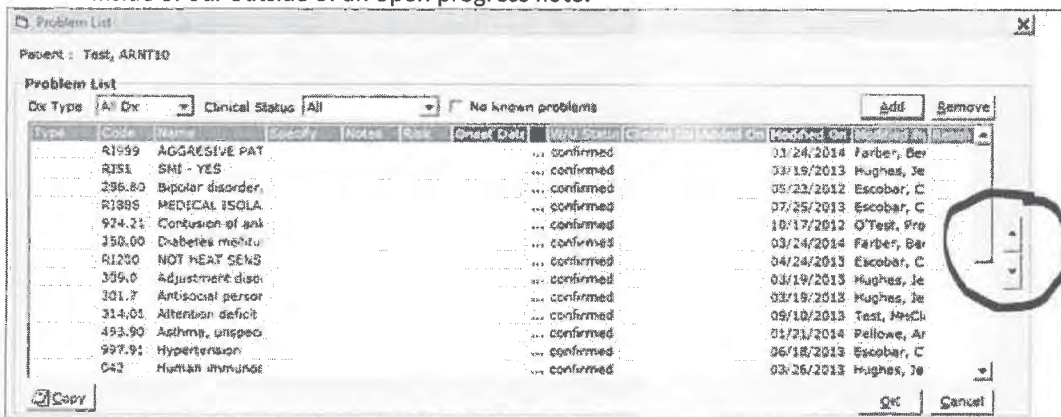
If you would like to explore additional alert options in eCW, let me know.

Reordering the Problem List and Opening the Progress Note:

1. To reorder the Problem List, click on the red ellipses button on the Right Panel Problem List:



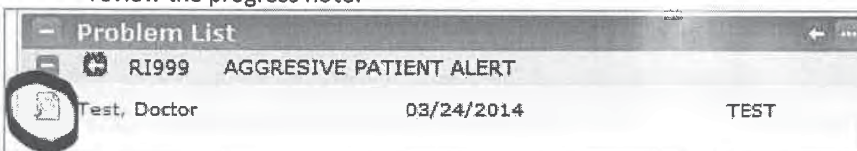
2. Using the up/down arrows, a user can modify the position of any code on the problem list. This can be done inside of our outside of an open progress note:



3. You can identify the encounter where the Aggressive Patient Alert was assigned by clicking on the blue plus sign next to the code:



4. You can see the dates the code was assigned and the provider that assigned it. Click on the magnifying glass to review the progress note:



From: McNerney, Eileen [mailto:Eileen.McNerney@CorizonNYC.com]

Sent: Monday, March 24, 2014 1:19 PM

To: Benjamin Farber

Subject: FW: Aggressive Patient Alert in eCW

Hi Ben:

Unneland, Linda

From: Harris, Andiea
Sent: Friday, March 28, 2014 9:09 PM
To: Unneland, Linda
Cc: Greenberg, Naomi; McNerney, Eileen; Leibowitz, Neil
Subject: RE: Aggressive Patient Alert in eCW

Hi!

I as well am sorry to hear of the incident! please feel free to leave the unit at anytime you don't feel safe with or without an officer on the unit and immediately report it to your Unit Chief and/or Clinical supervisor as noted by Eileen.

Thank you.

A. Harris, Ph.D., CCHP
Mental Health Deputy Director
Rikers Island Correctional Facility

From: McNerney, Eileen
Sent: Friday, March 28, 2014 5:02 PM
To: Unneland, Linda
Cc: Harris, Andiea; Greenberg, Naomi
Subject: RE: Aggressive Patient Alert in eCW

I am sorry to hear this and I agree that it is not appropriate. We are hopeful that the new DOC Commissioner will reinforce with staff about proper conduct.

Rest assured, we are doing everything we can to bring these incidents to the attention of high ranking DOC officials. But if it happens again, you should file a complaint or else have the Unit Chief do it on your behalf.

Eileen

From: Unneland, Linda
Sent: Friday, March 28, 2014 4:57 PM
To: McNerney, Eileen
Cc: Harris, Andiea; Greenberg, Naomi
Subject: RE: Aggressive Patient Alert in eCW

Yes, that is a very helpful feature. Thank-you for facilitating this Eileen.

On a separate note, I was left alone on the 1U housing unit last night as the assigned Officer walked off her post to answer a phone call without telling me. At the same time this happened, the inmate I was meeting with exposed his genitals. Had he decided to attack/sexually assault me, I would have been in a very compromised situation.

The Officer later apologized profusely and I really do not want to be in the role of reporting on Officers on whom I and other civilians depend on for safety. But it really needs to be reinforced to DOC that leaving a civilian alone on a housing unit is not an acceptable practice under any circumstance. This has happened to me many times while I have been employed here. I always make it a practice of speaking with the Officer individually about this being unacceptable, but a

message needs to come from DOC supervisors that it is a serious issue to leave any civilian alone on any of the housing units.

Thank-you,
Linda Unneland, LCSW-R
Mental Health Clinician, AMKC
Rikers Island Correctional Facility
CORRECTIONAL MEDICAL ASSOCIATES OF NEW YORK, P.C.
Office: 347-774-7510
E-Mail: Linda.Unneland@CorizonNYC.com
Mailing: 49-04 19th Avenue | Astoria, NY 11105

E-Mail: Linda.Unneland@CorizonNYC.com

Mailing: 49-04 19th Avenue | Astoria, NY 11105

From: Unneland, Linda

Sent: Tuesday, April 08, 2014 5:30 PM

To: Harris, Andiea

Cc: Greenberg, Naomi; McNerney, Eileen; Hyde, Dorrell; Kennedy, Lauren; Linick, Jessica; Blakney, Sandra; Leibowitz, Neil; Donahue, Jerome P.

Subject: RE: Aggressive Patient Alert in eCW

Perhaps when the safety committees get started we will all be given a clear understanding of the policies/procedures which DOC is supposed to follow to ensure the safety of staff. Apparently, there have been changes already to the existing ways of doing things with the arrival of the new commissioner and we do not have a full understanding of what DOC's protocols are.

Linda Unneland, LCSW-R

Mental Health Clinician, AMKC

Rikers Island Correctional Facility

CORRECTIONAL MEDICAL ASSOCIATES OF NEW YORK, P.C.

Office: 347-774-7510

E-Mail: Linda.Unneland@CorizonNYC.com

Mailing: 49-04 19th Avenue | Astoria, NY 11105

From: Harris, Andiea

Sent: Tuesday, April 08, 2014 9:42 AM

To: Unneland, Linda

Cc: Greenberg, Naomi; McNerney, Eileen; Hyde, Dorrell; Kennedy, Lauren; Linick, Jessica; Blakney, Sandra; Leibowitz, Neil; Donahue, Jerome P.

Subject: RE: Aggressive Patient Alert in eCW

Good morning and again thank you!

I am hoping to meet with you in person on Friday to further discuss these issues in person. However, please continue informing your immediate supervisors of these incidents as the policy is for staff to have an officer with them on the housing units.

Thank you.

From: Unneland, Linda

Sent: Monday, April 07, 2014 10:43 PM

To: Harris, Andiea

Cc: Greenberg, Naomi; McNerney, Eileen; Hyde, Dorrell; Kennedy, Lauren; Linick, Jessica; Blakney, Sandra; Leibowitz, Neil; Donahue, Jerome P.

Subject: RE: Aggressive Patient Alert in eCW

I forgot to mention that M [REDACTED] F [REDACTED], 3491319171 on 1UB has continued to make homicidal threats. Tonight he stated to me that he "will kill or be killed" and made a reference to getting a new charge. I am sure you can appreciate that this is not causing me to feel too secure, especially as he already has an AGGRESSIVE PT ALERT. He stated he wants to either go to Bellevue or CAPS.

I am including everyone on the e-mail to highlight the point that a civilian going unescorted on the housing units with pts who are psychotic and already have acts of aggression on their records is really a dangerous practice, especially for some inmates who are aware that the best way to get into Bellevue is to "pop" someone (to borrow Mr. F [REDACTED]'s words).

Unneland, Linda

From: Unneland, Linda
Sent: Wednesday, April 16, 2014 5:25 PM
To: Blakney, Sandra; Boyd-McKoy, Aleen
Cc: Kennedy, Lauren; Hyde, Dorrell; Linick, Jessica
Subject: RE: Rounds

This is an inmate who has already demonstrated violence toward staff as noted below. We cannot have ongoing violence occur to staff with no intervention to prevent future violence from occurring.

Linda Unneland, LCSW-R
Mental Health Clinician, AMKC
Rikers Island Correctional Facility
CORRECTIONAL MEDICAL ASSOCIATES OF NEW YORK, P.C.
Office: 347-774-7510
E-Mail: Linda.Unneland@CorizonNYC.com
Mailing: 49-04 19th Avenue | Astoria, NY 11105

From: Blakney, Sandra
Sent: Wednesday, April 16, 2014 10:11 AM
To: Unneland, Linda; Boyd-McKoy, Aleen
Cc: Kennedy, Lauren; Hyde, Dorrell; Linick, Jessica
Subject: RE: Rounds

Hi Ms. Unneland,

Part of the problem is the pt. is only about 50% compliant with his oral meds. Switching to once a day may help. He is due for an injection of Haldol Dec. today- that should help also. If we can get him to 80-100% compliant on oral meds, that will avoid going up on IM. He is already on a lot of Haldol Dec., but it is possible to go up. I will defer to Aleen Boyd-McKoy to assess this pt. who she is following.

Thank you!

Sandra Blakney, MD

Senior Psychiatrist
Rikers Island Correctional Facility
Anna M. Kross Center C-71
CORRECTIONAL MEDICAL ASSOCIATES OF NEW YORK, P.C.
Office: 347-774-7504
Cell: 919-618-2784
Fax: 718-546-3891
E-Mail: Sandra.Blakney@CorizonNYC.com
Mailing: 49-04 19th Avenue | Astoria, NY 11105
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the intended recipient or are not a named recipient, please delete this e-mail immediately from your system and notify the sender immediately by reply e-mail of the mailing error and your deletion.

From: Unneland, Linda
Sent: Tuesday, April 15, 2014 10:17 PM
To: Kennedy, Lauren; Hyde, Dorrell; Blakney, Sandra; Linick, Jessica
Subject: Rounds

Hello,

W [REDACTED] L [REDACTED], 8881400399 was reported to have been agitated last night to the point of throwing a chair at the block Officer and a Captain. Pt has reportedly not been fully compliant with his po medication.

Dr. Blakney, is it possible for this pt to just be prescribed increased IM medication? IM medication is already being prescribed to him.

Linda Unneland, LCSW-R
Mental Health Clinician, AMKC
Rikers Island Correctional Facility
CORRECTIONAL MEDICAL ASSOCIATES OF NEW YORK, P.C.
Office: 347-774-7510
E-Mail: Linda.Unneland@CorizonNYC.com
Mailing: 49-04 19th Avenue | Astoria, NY 11105

Unneland, Linda

From: Linick, Jessica
Sent: Wednesday, April 23, 2014 2:51 PM
To: Unneland, Linda
Subject: RE:

Hi there,

Thank you so much for the information. I was also unaware that he had not been taking his medication—in reviewing the notes, there is no medication compliance listed in his psych visits, which is unfortunate. If you think of anything else, please let me know.

His case will be discussed at the CS meeting tomorrow. It highlights so many issues involved in treating these patients, and my hope is that true systemic, structural change will happen.

As always, please continue to bring your concerns regarding patients to us and stay safe,

Jessica Linick, PhD
Clinical Supervisor, AMKC/C71
Rikers Island Correctional Facility

Correctional Medical Associates Of New York, P.C.
Office: 347.774.7501
Fax: 718.546.3891
E-Mail: Jessica.Linick@CorizonNYC.com
Mailing: 49-04 19th Avenue | Astoria, NY 11105

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From: Unneland, Linda
Sent: Tuesday, April 22, 2014 11:57 PM
To: Linick, Jessica
Subject:

Dr. Linick,

Dr. Pino requested that I send you an e-mail about J [REDACTED] M [REDACTED]. He was fairly stable for most of the time he was housed in 1UA, but toward the end I started to see changes in him. On one occasion he became irritable when I asked him a question and he called me stupid. On another occasion, he exposed himself to me when the Officer walked off the unit without my awareness. I am now hearing from another inmate that the pt had discontinued taking his medication for 1 month preceding his transfer and had become more paranoid. This other inmate also told me that M [REDACTED] was often heard yelling at his mother on the telephone. From what I know, the inmate's mother is diagnosed with cancer and has been very supportive, paying for a private attorney, sending him nice clothes and making sure he had plenty of commissary.

Unneland, Linda

From: Unneland, Linda
Sent: Tuesday, August 05, 2014 5:39 PM
To: Greenberg, Naomi; Mintz, Amanda; Frey, Matthew
Subject: FW: PTS WHO ARE LOCKED IN

Linda Unneland, LCSW-R
Mental Health Clinician, AMKC
Rikers Island Correctional Facility
CORRECTIONAL MEDICAL ASSOCIATES OF NEW YORK, P.C.
Office: 347-774-7510
E-Mail: Linda.Unneland@CorizonNYC.com
Mailing: 49-04 19th Avenue | Astoria, NY 11105

From: Unneland, Linda
Sent: Tuesday, August 05, 2014 5:37 PM
To: Kennedy, Lauren; Greene, Robert; Blair, Tony; McClure, Douglas; Petraro, Anne; Thompson, Serena; Sabblah, Cornelius; Morgan, William; Malone, Sean
Cc: Linick, Jessica; Simpson, Justin; Pellowe, Arthur; Boyd-McKoy, Aleen; Ogoke, Kiyoko
Subject: RE: PTS WHO ARE LOCKED IN

C.O. Camacho reported to me today that J ■■■ M ■■■, 8951301601 remains highly assaultive and continues to be locked in for swinging at others for no reason on I U A. Ms. Boyd McCoy evaluated pt on 7/31 and documented that he, in fact, hit another inmate in the face on 7/30 without provocation. An Aggressive Pt Alert was placed in his chart. I am concerned that pts with histories of aggression are not being referred to Bellevue for evaluation in a timely manner when they are exhibiting signs of decompensation and acting out violently. A similar situation occurred with D ■■■ B ■■■, 1411400414 most recently when due to his paranoia and inappropriate behavior he was almost severely assaulted by another inmate.

Mr. M ■■■'s cell is extremely dirty, his medication compliance rate is very poor and there is no guarantee that he will accept his Risperdal Consta injection when it becomes due. Being that he is highly assaultive, he presents a threat to anyone with whom he may come into contact. It is doubtful that he will even be produced at the appropriate time for his injection and it is likewise doubtful that he has capacity.

Since Clinicians and other staff routinely enter the housing units, it is imperative that steps be taken to treat aggressive/assaultive pts who are decompensating on a timely basis in order to prevent injuries from occurring. Locking pts into their cells is also not an option as we have tragically seen with the B ■■■ B ■■■ case.

Linda Unneland, LCSW-R
Mental Health Clinician, AMKC
Rikers Island Correctional Facility
CORRECTIONAL MEDICAL ASSOCIATES OF NEW YORK, P.C.
Office: 347-774-7510
E-Mail: Linda.Unneland@CorizonNYC.com
Mailing: 49-04 19th Avenue | Astoria, NY 11105

From: Kennedy, Lauren
Sent: Tuesday, August 05, 2014 4:30 PM
To: Unneland, Linda; Greene, Robert; Blair, Tony; McClure, Douglas; Petraro, Anne; Thompson, Serena
Cc: Linick, Jessica; Simpson, Justin
Subject: RE: PTS WHO ARE LOCKED IN

That is fine, do what you can, if officer is ur aware, document name and badge indicating that officer states he/she is not aware.

Lauren Kennedy, LMHC, NCC

Mental Health Assistant Unit Manager
Rikers Island Correctional Facility
Anna M. Kross Center C-71
CORRECTIONAL MEDICAL ASSOCIATES OF NEW YORK, P.C.
Office: 347-774-7449
Fax: 718-546-3891
E-Mail: Lauren.Kennedy@CorizonNYC.com
Mailing: 49-04 19th Avenue | Astoria, NY 11105
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From: Unneland, Linda
Sent: Tuesday, August 05, 2014 4:15 PM
To: Kennedy, Lauren; Greene, Robert; Blair, Tony; McClure, Douglas; Petraro, Anne; Thompson, Serena
Cc: Linick, Jessica; Simpson, Justin
Subject: RE: PTS WHO ARE LOCKED IN

Often the Officers on duty are unaware of the length of the lock in or even the reasons, but this information will be provided if it is made available.

Linda Unneland, LCSW-R
Mental Health Clinician, AMKC
Rikers Island Correctional Facility
CORRECTIONAL MEDICAL ASSOCIATES OF NEW YORK, P.C.
Office: 347-774-7510
E-Mail: Linda.Unneland@CorizonNYC.com
Mailing: 49-04 19th Avenue | Astoria, NY 11105

From: Kennedy, Lauren
Sent: Tuesday, August 05, 2014 9:03 AM
To: Greene, Robert; Blair, Tony; Unneland, Linda; McClure, Douglas; Petraro, Anne; Thompson, Serena
Cc: Linick, Jessica; Simpson, Justin
Subject: PTS WHO ARE LOCKED IN
Importance: High

Kindly continue to document on rounds sheets pts that are locked in, including length of lock in and functioning. Kindly ensure that you email myself, Dr. Ogoke and Mr. Hyde the names and locations of pts locked in. Thank you.

Lauren Kennedy, LMHC, NCC

Mental Health Assistant Unit Manager

Rikers Island Correctional Facility

Anna M. Kross Center C-71

CORRECTIONAL MEDICAL ASSOCIATES OF NEW YORK, P.C.

Office: 347-774-7449

Fax: 718-546-3891

E-Mail: Lauren.Kennedy@CorizonNYC.com

Mailing: 49-04 19th Avenue | Astoria, NY 11105

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Office: 347-774-7510
E-Mail: Linda.Unneland@CorizonNYC.com
Mailing: 49-04 19th Avenue | Astoria, NY 11105

From: Harris, Andiea
Sent: Monday, April 07, 2014 9:10 PM
To: Unneland, Linda
Cc: Greenberg, Naomi; McNerney, Eileen; Hyde, Dorrell; Kennedy, Lauren; Linick, Jessica; Blakney, Sandra; Leibowitz, Neil; Donahue, Jerome P.
Subject: Re: Aggressive Patient Alert in eCW

Hi!
We can only be optimistic with the new DOC leadership as well as the new DOHMH leadership.
I am at AMKC on fri for supervision at 3pm. I'll be great to talk in person if you're available.
Thank you.

On Apr 7, 2014, at 5:18 PM, "Unneland, Linda" <Linda.Unneland@CorizonNYC.com> wrote:

Thank-you Dr. Harris.

I am also glad the officer on the unit did his job, but I sat for a terrifying 10 minutes with the pt essentially yelling in my face, petrified to move. It was only after making eye contact with the Officer several times before he finally came over and took control of the situation.

We know that decompensating pts pose a threat to our safety and their own. I think the best way to safeguard them and ourselves is to think about the creation of specialized units to house them where they can be better psychiatrically and medically monitored until they are either stabilized or able to be sent to Bellevue hospital. This would essentially serve as a "pre-hospitalization" unit where more intensive treatment can be rendered. I have seen this model practiced at the Westchester county jail where I worked for many years and can say it is very effective. The unit functions as a quasi hospital and the pts are afforded the opportunity to lock out at certain intervals for therapeutic activities rather than be locked in for days at a time as is currently now the practice on some units. The pts are seen on a daily basis by Clinical staff and are also offered medication by nursing staff prn when they become agitated or acutely symptomatic.

I hope with the new DOC leadership that the former practices will be replaced by more pro-active ones that are geared to the overall safety of everyone concerned.

From: Harris, Andiea
Sent: Saturday, April 05, 2014 1:11 PM
To: Unneland, Linda
Cc: Greenberg, Naomi; McNerney, Eileen; Hyde, Dorrell; Kennedy, Lauren; Linick, Jessica; Blakney, Sandra; Leibowitz, Neil; Donahue, Jerome P.
Subject: RE: Aggressive Patient Alert in eCW

Greenberg, Naomi

From: Unneland, Linda
Sent: Wednesday, March 12, 2014 5:45 PM
To: McNerney, Eileen; Greenberg, Naomi
Cc: Donahue, Jerome P.
Subject: RE: Aggressive Patient Alert in eCW

What a quick and helpful development. Many thanks for your efforts.

From: McNerney, Eileen
Sent: Wednesday, March 12, 2014 5:44 PM
To: Unneland, Linda; Greenberg, Naomi
Cc: Donahue, Jerome P.
Subject: RE: Aggressive Patient Alert in eCW

We have already spoken to MH Health Management about the Island wide list, and we expect to circulate it within a week or so. Eileen

From: Unneland, Linda
Sent: Wednesday, March 12, 2014 5:42 PM
To: McNerney, Eileen; Greenberg, Naomi
Cc: Donahue, Jerome P.
Subject: RE: Aggressive Patient Alert in eCW

Wonderful.

From: McNerney, Eileen
Sent: Wednesday, March 12, 2014 5:36 PM
To: Unneland, Linda; Greenberg, Naomi
Cc: Donahue, Jerome P.
Subject: RE: Aggressive Patient Alert in eCW

Agree. We will see what we can do. Give us a week or two.

From: Unneland, Linda
Sent: Wednesday, March 12, 2014 5:31 PM
To: McNerney, Eileen; Greenberg, Naomi
Cc: Donahue, Jerome P.
Subject: RE: Aggressive Patient Alert in eCW

Thank-you Eileen,

Could you please check with IT to see if there can be added a feature that if you click on the Aggressive Pt Alert, you could see the reasons for the pt's placement on this alert? For example, if the pt has previously assaulted staff and when or if they have a history of serious violence in the community or if they have a chronic pattern of noncompliance with treatment resulting in agitation/violence. It would be very helpful to know the exact reasons for the pt's placement on the list and how recent the violence occurred. There is currently no way of figuring out the reasons why the pt has been placed on the list, unless one can be directed to the date the incident occurred and then refer to the progress note. As we discussed, reviewing the entire chart would be too time consuming/burdensome and that is currently the only way to determine what occurred with the pt.

Or alternatively, perhaps the pt can be assigned a number to designate their level of risk. Sort of like a Sex Offender registry, but in this case for the severity of violence. The Clinician/Supervisor adding the Aggressive Pt Alert could designate the degree to which they believe the pt poses a risk, ie , Level 1, Level 2 or Level 3.

Thanks again to you and Mr. Donahue for being receptive to our suggestions.

From: McNerney, Eileen
Sent: Wednesday, March 12, 2014 5:00 PM
To: Unneland, Linda; Greenberg, Naomi
Cc: Donahue, Jerome P.
Subject: Aggressive Patient Alert in eCW
Importance: High

Linda and Naomi:

Please see the Problem List to the right. AGGRESSIVE PATIENT ALERT is mid-way down the problem list.

I will work with IT to try to move this AGGRESSIVE PATIENT ALERT up on the Problem List, and perhaps put in **RED BOLD**.

Eileen

Please pass this along to anyone who I may have missed. I wouldn't want anyone to get written up for wearing open toe shoes in the clinic areas. It might compound our security issues.

Linda Unneland, LCSW-R

Mental Health Clinician, AMKC

Rikers Island Correctional Facili

CORRECTIONAL MEDICAL ASSOCIATES OF NEW YORK, P.C.

Office: 347-774-7510w

E-Mail: Linda.Unneland@CorizonNYC.com

Mailing: 49-04 19th Avenue | Astoria, NY 11105

From: McNerney, Eileen
Sent: Thursday, May 08, 2014 9:00 AM
To: Unneland, Linda; Greenberg, Naomi
Cc: Donahue, Jerome P.
Subject: RE: Aggressive Patient Alert Sent to All Mental Health Staff

We are working with DOC and DOHMH. I am sorry that you are misguided here. It was your suggestion to generate this list and I am pleased to report that it has been refined through eCW. I am saddened by your lack of positive feedback in this regard.

Again, for safety reasons, I cannot emphasize enough the need for staff to cooperate in adhering to dress code, which includes refraining from wearing open toe shoes in the Clinic areas. Indeed, I am disturbed by staff's deliberate failure to cooperate in this regard.

Eileen

From: Unneland, Linda
Sent: Wednesday, May 07, 2014 6:27 PM
To: McNerney, Eileen; Greenberg, Naomi
Subject: RE: Aggressive Patient Alert Sent to All Mental Health Staff

Hi Eileen,

Since our original meeting with you and Mr. Donohue, there have been 3 assaults of civilians. Two of them have been on interns and one on a MH Clinician. All have occurred while the civilian was on the housing unit and two of these assaults have occurred while a DOC escort Officer was present and accompanying the party who was ultimately injured.

Once again, I cannot emphasize the importance of Corizon needing to work with DOC to stress that the practice of having civilians enter the housing units (both dorms and cell housing areas) is dangerous and greatly increases the chance of assault/injury for the civilian. It is my belief, and the belief shared by others, that more civilians will be injured in the future at the hands of inmates until there is a system in place of escorting the inmate to a separate interview area while DOC remains present at all times.

Again, there also needs to be the creation of a separate housing area for decompensating patients who are not yet deemed ready for hospitalization where they can receive more intensive monitoring and where there is a greater security presence.

So while it is informative to have lists of aggressive patients at our disposal, we enter the housing areas completely lacking in the ability to defend ourselves and apparently we cannot rely on DOC to safeguard us either as the above incidents demonstrate.

Personally, I am very disturbed by the lack of substantive response to the issue of security and do not feel the onus should be placed on the individual practitioner to safeguard him/herself.

Linda Unneland, LCSW-R

Mental Health Clinician, AMKC

Rikers Island Correctional Facility

CORRECTIONAL MEDICAL ASSOCIATES OF NEW YORK, P.C.

Office: 347-774-7510

E-Mail: Linda.Unneland@CorizonNYC.com

Mailing: 49-04 19th Avenue | Astoria, NY 11105

From: McNerney, Eileen
Sent: Wednesday, May 07, 2014 1:36 PM
To: Unneland, Linda; Greenberg, Naomi
Subject: Aggressive Patient Alert Sent to All Mental Health Staff

Hi Naomi and Linda:

I hope you are both well. I was wondering what you think about the eCW Report that is being circulated by Mental Health on a daily basis. The report is a list of aggressive patients. I believe that you both requested this during one of our meetings.

Eileen

Eileen McNerney

Regional Labor and Employee Relations Manager, Rikers Island



Phone: 347.774.7294 (new)

Cell: 347.899.1887

Fax: 347-774-8158 (new)

E-Mail: eileen.mcnerney@CorizonNYC.com

Linda Unneland, LCSW-R

Mental Health Clinician, AMKC

Rikers Island Correctional Facility

CORRECTIONAL MEDICAL ASSOCIATES OF NEW YORK, P.C.

Office: 347-774-7510

E-Mail: Linda.Unneland@CorizonNYC.com

Mailing: 49-04 19th Avenue | Astoria, NY 11105

From: Yussuff, Fazal
Sent: Tuesday, September 30, 2014 1:09 PM
To: Unneland, Linda
Cc: Lee, Jessica; Watson, Gwendolyn
Subject: RE: Weekly Security Alert

Linda:

Just want you to know that I have read your email below and would like to meet with you to discuss your concerns and share with you what we are doing to address the island wide security issues. I know that you work primarily the evening shifts. If you can give me a few dates and times you are available to meet I will come over to your facility.

Thanks

Fazal M. Yussuff, *MPA, RN, CCHP*

Director of Operations



Office: **347-774-7011**

Cell: **347-682-6388**

Fax: **347-774-8053**

E-Mail: Fazal.Yussuff@CorizonNYC.com

Mailing: 49-04 19th Avenue | Astoria, NY 11105

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From: Unneland, Linda
Sent: Friday, September 26, 2014 8:51 PM
To: Yussuff, Fazal; Ljubicic, Sanja; Dist - All Rikers; Watson, Gwendolyn
Cc: Cochran, Clair; Angela.Gildehaus@corizonhealth.com; Lee, Jessica
Subject: RE: Weekly Security Alert

CORH001949

Thank-you Ms. Ljubicic for your response to the e-mail from Mr. Yussuff. I agree that the current working conditions pose extreme hazards to the staff working on Rikers Island as has been demonstrated again and again in recent months. Recently, there have been even more assaults on staff due to the lack of a response to our collective concerns about safety. For those unaware, a Treatment Aide in the Rose M. Singer building recently had scalding water poured on top of her head in the CAPS unit there resulting in her receiving severe burns. Prior to this incident, 3 medical personnel were injured in the Manhattan House of Detention responding to a medical emergency while there were no DOC staff in the vicinity. I believe one of the staff members was punched in the face by an inmate, one was dragged by her ankles and one suffered a dislocated shoulder.

Tonight, while seeing a patient in 12 Mod, a fight broke out between 2 inmates in the bubble area leaving the Officer there alone trying to intervene while one of the inmates reached for a hammer which was in the office. The Officers in both Mod 12A and 12B were helpless to help out in any way due to their lack of access to keys to the bubble area. The term "death trap" is an accurate one for had there been another violent episode on either unit, an attack on a civilian or even a riot at that moment in time, the lone Officers in those units would have been completely powerless to intervene in protecting either themselves or anyone else. More disturbing tonight was the reaction of the Officer in the bubble in the midst of this violent episode who had an acute stress reaction and punched his fist full force into the glass window of the door leading to 12B. To say that the events which transpired tonight were out of control and terrifying would be an understatement.

I have said that the practice of civilians entering housing units has been and continues to be a serious safety violation due to the presence of pts with AGGRESSIVE PT ALERTS on the housing units, the presence of hot pots which produce scalding hot water and the fact that Officers covering the units are severely outnumbered by inmates. I believe this should be addressed as soon as possible.

Thank-you Mr. Yussuff for reaching for feedback from the staff. We are overdue for action to address the hazards we face every day. We are requesting at this time that substantive actions be taken to address our concerns before we have more tragedies occur to ourselves and our colleagues.

Linda Unneland, LCSW-R

Mental Health Clinician, AMKC

Rikers Island Correctional Facility

CORRECTIONAL MEDICAL ASSOCIATES OF NEW YORK, P.C.

Office: 347-774-7510

E-Mail: Linda.Unneland@CorizonNYC.com

Mailing: 49-04 19th Avenue | Astoria, NY 11105

From: Yussuff, Fazal
Sent: Thursday, September 25, 2014 5:25 PM
To: Ljubicic, Sanja; Dist - All Rikers
Cc: Cochran, Clair; Angela.Gildehaus@corizonhealth.com; Lee, Jessica
Subject: RE: Weekly Security Alert

Please disregard the first email that was sent out. The second email that was sent out addresses emergency response. A new alert will be forthcoming from MH rounding.

Thanks

Fazal M. Yussuff, MPA, RN, CCHP

Director of Operations

Office: **347-774-7011**

Cell: **347-682-6388**

Fax: **347-774-8053**

E-Mail: Fazal.Yussuff@CorizonNYC.com

Mailing: 49-04 19th Avenue| Astoria, NY 11105

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From: Ljubicic, Sanja
Sent: Thursday, September 25, 2014 5:22 PM
To: Yussuff, Fazal; Dist - All Rikers
Cc: Cochran, Clair; Angela.Gildehaus@corizonhealth.com; Lee, Jessica
Subject: RE: Weekly Security Alert

If I follow tips 1 through 5, I'll never see any patient, there will be zero productivity: I go to units with no escort assigned to me, with housing out of control all the time, never know who is the captain and how to reach them, all inmates gather around me and an officer assigned to the unit as well as the bubble officer are extremely busy with their daily duties (deputies walking around, meals, cleaning, medication distribution, recreation, linen exchange, count, law library and so on), not to mention interviewing areas are perfect traps for being assaulted while on a unit. What should I do? Or, maybe, tips do not apply to me but only to medical personnel in a case of an emergency.

Thanks for asking us for a feedback.

Sincerely Sanja Medich Ljubicic, LMHC, Mental Health Clinician

From: Yussuff, Fazal
Sent: Thursday, September 25, 2014 4:56 PM
To: Dist - All Rikers
Cc: Cochran, Clair; Angela.Gildehaus@corizonhealth.com; Lee, Jessica
Subject: RE: Weekly Security Alert

We are concerned about the safety of all of our employees. In our ongoing efforts to create a more safe work environment we will be sending out "Security TIPS" that we feel that might be helpful for all of us. If any of you have any recommendations or suggestions of topics we should address and would like for your peers to know please send me that feedback.

Please disregard the previous email.

Thanks

From: Amanda Parsons [/O=HEALTH/OU=FIRST ADMINISTRATIVE GROUP/CN=RECIPIENTS/CN=APARSONS]
Sent: 4/23/2014 2:35:28 AM
To: Homer Venters [hventer1@health.nyc.gov]; Richard Stazesky [rstazesk@health.nyc.gov];
 'Fazal.Yussuff@CorizonNYC.com' [Fazal.Yussuff@CorizonNYC.com]; 'Jay.Cowan@CorizonNYC.com'
 [Jay.Cowan@CorizonNYC.com]
Subject: Re: Employee Safety and Security Reminder

Thanks- ugh- frustrating (and frightening for the staff member involved). it will be interesting to understand what could have been done to prevent it (e.g. Doc staff positioning), if anything at all.

----- Original Message -----

From: Homer Venters
Sent: Tuesday, April 22, 2014 10:27 PM
To: Amanda Parsons; Richard Stazesky; 'Fazal.Yussuff@CorizonNYC.com' <Fazal.Yussuff@CorizonNYC.com>;
 'Jay.Cowan@CorizonNYC.com' <Jay.Cowan@CorizonNYC.com>
Subject: RE: Employee Safety and Security Reminder

Yes
 Both the tc and warden are aware

From: Amanda Parsons
Sent: Tuesday, April 22, 2014 10:17 PM
To: Richard Stazesky; Homer Venters; 'Fazal.Yussuff@CorizonNYC.com'; 'Jay.Cowan@CorizonNYC.com'
Subject: Re: Employee Safety and Security Reminder

Thanks for this Rick. I was not aware. Importantly, has the tour commander at amkc been notified of this incident?

From: Richard Stazesky
Sent: Tuesday, April 22, 2014 09:51 PM
To: Amanda Parsons; Homer Venters
Subject: Fw: Employee Safety and Security Reminder

I assume you are seeing this ongoing email exchange among all Corizon employees. It is rising in intensity.

Thanks

Sent from my BlackBerry 10 smartphone on the Verizon Wireless 4G LTE network.

From: Unneland, Linda <Linda.Unneland@CorizonNYC.com>
Sent: Tuesday, April 22, 2014 9:44 PM
To: Garcia, Gladys; Ljubicic, Sanja; Greenberg, Naomi; Donahue, Jerome P.; Dist - Corizon Rikers Non-Union Employees; Dist - Rikers eCW Reports Issues; Dist - AMKC C71 Programs Staff 4-12; Dist - AMKC C71 Programs Staff 8-4; Dist - AMKC CAPS Unit; Dist - AMKC PA; Dist - AMKC Reports; Dist - AMKC Suicide Watch Notification; Dist - AMKC Team Leaders; Dist - Bellevue Psych Staff; Dist - BKDC Personnel; Dist - BKDC Team Leaders; Dist - CDU Reports; Dist - CDU Team Leaders; Dist - CDU UrgiCare; Dist - CHS Injury Report; Dist - Critical Labs; Dist - Discharge Patients Referred to Transitional Health; Dist - EMTC Team Leaders; Dist - GMDC Team Leaders; Dist - GRVC Team Leaders; Dist - MDC Team Leaders; Dist - NIC Team Leaders; Dist - Rikers DOHMH; Dist - Rikers GMDC MH; Dist - Rikers HSA; Dist - Rikers MH; Dist - Rikers MD; Dist - Rikers Nursing; Dist - Rikers Operations; Dist - Rikers Psych PA's; Dist - Rikers Psych-Admin; Dist - Rikers RMSC MH Clinicians; Dist - Rikers RMSC Safety Committee; Dist - Rikers RX Pharm; Dist - Rikers Senior Psych
Subject: RE: Employee Safety and Security Reminder

Tonight we had another attack on a student intern L [REDACTED] T [REDACTED] at AMKC by D [REDACTED] B [REDACTED], who has an alleged history of raping a civilian staff member at Kingsboro hospital. This pt reportedly lifted up her skirt and then lifted her off the ground, causing her to crash down on her hands and knees. It took the intervention of another inmate to pull B [REDACTED] off Ms. T [REDACTED] twice after she repeatedly yelled out "help me." THE DOC OFFICER DID NOT TAKE ANY ACTION TO RESTRAIN THE PT. This is a traumatizing experience for anyone to have to endure.

We should not be dependent on inmates to intervene when there is an assault on staff. How many more assaults do staff and interns have to endure before policies get implement to ensure staff safety? Last week we had an intern suffer a broken jaw and multiple facial fractures and still there is no action being taken. This is an emergency situation which absolutely needs to be addressed immediately by Corizon and DOC.

Linda Unneland, LCSW-R
 Mental Health Clinician, AMKC
 Rikers Island Correctional Facility
 CORRECTIONAL MEDICAL ASSOCIATES OF NEW YORK, P.C.
 Office: 347-774-7510
 E-Mail: Linda.Unneland@CorizonNYC.com
 Mailing: 49-04 19th Avenue | Astoria, NY 11105

From: Garcia, Gladys
 Sent: Monday, April 21, 2014 9:42 PM
 To: Ljubicic, Sanja; Greenberg, Naomi; Donahue, Jerome P.; Dist - Corizon Rikers Non-Union Employees; Dist - Rikers eCW Reports Issues; Dist - AMKC C71 Programs Staff 4-12; Dist - AMKC C71 Programs Staff 8-4; Dist - AMKC CAPS Unit; Dist - AMKC PA; Dist - AMKC Reports; Dist - AMKC Suicide Watch Notification; Dist - AMKC Team Leaders; Dist - Bellevue Psych Staff; Dist - BKDC Personnel; Dist - BKDC Team Leaders; Dist - CDU Reports; Dist - CDU Team Leaders; Dist - CDU UrgiCare; Dist - CHS Injury Report; Dist - Critical Labs; Dist - Discharge Patients Referred to Transitional Health; Dist - EMTC Team Leaders; Dist - GMDC Team Leaders; Dist - GRVC Team Leaders; Dist - MDC Team Leaders; Dist - NIC Team Leaders; Dist - Rikers DOHMH; Dist - Rikers GMDC MH; Dist - Rikers HSA; Dist - Rikers MH; Dist - Rikers MD; Dist - Rikers Nursing; Dist - Rikers Operations; Dist - Rikers Psych PA's; Dist - Rikers Psych-Admin; Dist - Rikers RMSC MH Clinicians; Dist - Rikers RMSC Safety Committee; Dist - Rikers RX Pharm; Dist - Rikers Senior Psych
 Subject: RE: Employee Safety and Security Reminder

I work the MO units in GMDC. In particular, in 4M, the clinical office is out of sight of the CO in the bubble office. On several occasions, I have had to alert the CO to please take charge of patients that are highly aggressive. I have been lucky to walk out of the office unharmed. In the MO dorm area, patients are not restricted to clinical area. As mentioned by Mr. Frey, MH staff, are in the mist of patients who are often agitated and aggressive after a telephone call, under medicated, just returning from court and/or on suicide watch, etc. Training strategies available do not address the lack of structure such as civilian in view of CO at all times. Another problem, is the pathology or level of patient disturbance we see, and I feel, at times is minimized by administration. We need to work toward safety measures of for our staff. For example, we need to work in teams, have specific mental health escort and hold DOC responsible for our safety since they are the host agency that we provide services too. Violence in the work place needs to be addressed by all.

From: Ljubicic, Sanja
 Sent: Monday, April 21, 2014 8:54 AM
 To: Greenberg, Naomi; Donahue, Jerome P.; Dist - Corizon Rikers Non-Union Employees; Dist - Rikers eCW Reports Issues; Dist - AMKC C71 Programs Staff 4-12; Dist - AMKC C71 Programs Staff 8-4; Dist - AMKC CAPS Unit; Dist - AMKC PA; Dist - AMKC Reports; Dist - AMKC Suicide Watch Notification; Dist - AMKC Team Leaders; Dist - Bellevue Psych Staff; Dist - BKDC Personnel; Dist - BKDC Team Leaders; Dist - CDU Reports; Dist - CDU Team Leaders; Dist - CDU UrgiCare; Dist - CHS Injury Report; Dist - Critical Labs; Dist - Discharge Patients Referred to Transitional Health; Dist - EMTC Team Leaders; Dist - GMDC Team Leaders; Dist - GRVC Team Leaders; Dist - MDC Team Leaders; Dist - NIC Team Leaders; Dist - Rikers DOHMH; Dist - Rikers GMDC MH; Dist - Rikers HSA; Dist - Rikers MH; Dist - Rikers MD; Dist - Rikers Nursing; Dist - Rikers Operations; Dist - Rikers Psych PA's; Dist - Rikers Psych-Admin; Dist - Rikers RMSC MH Clinicians; Dist - Rikers RMSC Safety Committee; Dist - Rikers RX Pharm; Dist - Rikers Senior Psych
 Subject: RE: Employee Safety and Security Reminder

Thank you Ms. Greenberg for speaking so well what is exactly my experience too as well as many other Mental Health Clinicians and Psychiatrist who I talked to about the subject. I'm also looking forward to a response! Sincerely, Sanja Medich, MH Clinician GMDC.

From: Greenberg, Naomi
 Sent: Thursday, April 17, 2014 10:36 AM
 To: Donahue, Jerome P.; Dist - Corizon Rikers Non-Union Employees; Dist - Rikers eCW Reports Issues; Dist - AMKC C71 Programs Staff 4-12; Dist - AMKC C71 Programs Staff 8-4; Dist - AMKC CAPS Unit; Dist - AMKC PA; Dist - AMKC Reports; Dist - AMKC Suicide Watch Notification; Dist - AMKC Team Leaders; Dist - Bellevue Psych Staff; Dist - BKDC Personnel; Dist - BKDC Team Leaders; Dist - CDU Reports; Dist - CDU Team Leaders; Dist - CDU UrgiCare; Dist - CHS Injury Report; Dist - Critical Labs; Dist - Discharge Patients Referred to Transitional Health; Dist - EMTC Team Leaders; Dist - GMDC Team Leaders; Dist - GRVC Team Leaders; Dist - MDC Team Leaders; Dist - NIC Team Leaders; Dist - Rikers DOHMH; Dist - Rikers GMDC MH; Dist - Rikers HSA; Dist - Rikers MH; Dist - Rikers MD; Dist - Rikers Nursing; Dist - Rikers Operations; Dist - Rikers Psych PA's; Dist - Rikers Psych-Admin; Dist - Rikers RMSC MH Clinicians; Dist - Rikers RMSC Safety Committee; Dist - Rikers RX Pharm; Dist - Rikers Senior Psych
 Subject: Employee Safety and Security Reminder

Good morning all,

Upon review of these safety and security tips, I find that they do not apply to all disciplines. It appears that these tips are focused primarily for medical staff. In addition, the attached employee

safety and security reminders put the burden of safety and responsibility on the employees rather than Corizon.

I am a mental health employee, and work on a mental health unit. At any time on the various mental health units or programming units on the island, there are up to 40 severely mentally ill (SMI) patients walking freely on the unit, sometimes with only one officer on the unit. There are times when in session with a patient on the unit, the sole DOC officer will walk off the unit unbeknownst to the MH clinician, leaving him/her alone with SMI patients. Those who spend the day on programming units, or even just conducting groups, do not have the same setting and environment that is in the clinic and medical areas

In many GP clinics, the rooms where patients are seen are NOT configured so that there is access to the door or that patients are blocking access to the door.

MH staff are often called by DOC or medical staff to meet with psychotic and/or aggressive patients for evaluations. During the evaluation itself, DOC officers are not allowed to be with the clinician due to confidentiality regulations.

In light of the brutal assault of the MH intern at GRVC, I am hoping that Corizon will be able to implement policies that apply to ALL disciplines.

Looking forward to a rapid response to these quickly escalating safety issues.
Naomi Greenberg, LMSW, MA

From: Donahue, Jerome P.
Sent: Thursday, April 17, 2014 9:17 AM
To: Dist - All Rikers
Subject: Employee Safety and Security Reminder

Exhibit 25

Unneland, Linda

From: Harris, Kecia
Sent: Wednesday, August 12, 2015 10:53 PM
To: Medich, Sanja; Thompson, Serena; Unneland, Linda; Watson, Gwendolyn; Soufrant, Jean; Petraro, Anne; Ward, Jihan; Michael, Tommy; Acee, Anna; Mack, Monique; Menardy, Flore-Marie; Vormittag, Martha; Leibowitz, Neil; Konrad, Shane; Hyde, Dorrell; Kennedy, Lauren; Messineo, Kathryn; Brace, Kristila; Simpson, Justin
Cc: Garcia, Gladys; Wareham, Dahlia; Morisset, Bianca; Johnson, Valsa; Badalova, Kristina; Gritta, Sabina; Worrell, Shanna; Jones, Denise; Jones, Vanessa; Riddick, Carol; Amendola, Theresa; Youn, Yuna
Subject: RE: Undignifying and unsafe conditions for female employees in your agency

Sanja, I am very sorry that this happened to you. Once again, I commend you for speaking out and for being a persistent advocate. I too would appreciate formal documentation from Administration that identifies Corizon's protocol in regards to addressing sexual harassment towards staff from patients. Recently, I had a similar encounter and also felt ignored and unsupported by Administration.

From: Medich, Sanja
Sent: Wednesday, August 12, 2015 9:59 AM
To: Thompson, Serena; Unneland, Linda; Watson, Gwendolyn; Harris, Kecia; Soufrant, Jean; Petraro, Anne; Ward, Jihan; Michael, Tommy; Acee, Anna; Mack, Monique; Menardy, Flore-Marie
Subject: FW: Undignifying and unsafe conditions for female employees in your agency

Pass it for all of us to be informed.

From: Medich, Sanja
Sent: Wednesday, August 12, 2015 9:53 AM
To: Vormittag, Martha
Cc: Yussuff, Fazal; Leibowitz, Neil; Konrad, Shane; Hyde, Dorrell; Kennedy, Lauren; Messineo, Kathryn; Brace, Kristila; Simpson, Justin
Subject: Undignifying and unsafe conditions for female employees in your agency

To Human Resources:

Since my letter to Dr. Leibowitz about sexual harassment of women working for Corizon at NYC jails, there have been many incidences of sexual harassment that I have been made aware of that are officially reported and in all of these incidences there was a lack of action suggesting that these behaviors are tolerated and/or ignored. Yesterday it happened to me. Enclosed is the incident report. I refuse to accept any further assignments until the following documents are provided to me:

1. A formal document stating that following behaviors are not supported, ignored, and/or tolerated by my employer as a part of jail environment where people we serve are allowed to engage in; sexual harassment, exposure of private areas, forcible touching.

a) As female employees we are sexually harassed on a daily basis such as calling her "a bitch", or similar, asking her to perform sexual act as "suck my dick" and any comment about her body parts as "fat ass".

b) Exposing private parts and forcible touching is a sexual offense and therefore against the law. Furthermore any attack on a woman that has sexual connotation is considered rape, which is a very serious offense.

2. Formal document stating safe, dignifying, fast, effective and easy ways to report any of the above mentioned incidents: numerous employees are unaware of the proper procedure to report such incidents, if any procedures exist.

3. Formal document stating what actions are taken to prevent further incidents like this from happening.

4. Formal document informing me about my rights and how to reinforce them including compensation from my employer after something like this happens.

I'm capable, willing and qualified in assisting you in producing these documents in a timely matter.

Sanja Medich, LMHC
Mental Health Clinician

Medich, Sanja

From: Medich, Sanja
Sent: Tuesday, August 18, 2015 12:15 PM
To: Jones, Vanessa
Cc: Watson, Gwendolyn; Soufrant, Jean
Subject: RE: Workplace violence documents

I was touched by a man in a way that husband touches his wife - in a work environment and my union delegate accepts sending some documents as adequate response! YES I HAVE A HUGE PROBLEM WITH IT PLEASE MAKE SURE UNION KNOWS THAT I HAVE A HUGE PROBLEM WITH IT!!! And please send me documentation including my union representative staying with a management after the meeting without even following up with me after I openly stated how demeaned I felt after Dr. Lebowitz yelled at slammed the door next to me in front of my union representative.

From: Jones, Vanessa
Sent: Tuesday, August 18, 2015 11:47 AM
To: Medich, Sanja
Cc: Watson, Gwendolyn; Soufrant, Jean
Subject: FW: Workplace violence documents

Please follow the link and it provides the information that you requested. As you can see, we met with Mr. Scott on 8/13, and the information was sent on 8/22/15.

From: Scott, Natalie
Sent: Wednesday, August 12, 2015 2:11 PM
To: Medich, Sanja
Cc: Jones, Vanessa
Subject: Workplace violence documents

Good Afternoon Sanja,

I was able to find the workplace violence document which I have included the link below. It outlines who to report an incident to and what to do if you have been assaulted by fellow employee or patient. Please refer to pages 6,14, 15 regarding your specific requests. I hope this helps and if you have any additional questions or concerns, please feel free to reach out to me.

http://nstantel.com/nytc.com/Documentation/hr/Polices/113_Workplace_Safety_Policy_HR_Policy.pdf

Best regards,
 Natalie

Natalie A. Scott
 HR Human Resources Generalist



Office: 347-774-7293
 E-Mail: Natalie.Scott@CorizonNYC.com

From: Ramlochan, Naresh [Naresh.Ramlochan@CorizonNYC.com]
Sent: 8/11/2015 7:47:31 PM
To: Yussuff, Fazal [Fazal.Yussuff@CorizonNYC.com]; Cowan, Jay [Jay.Cowan@CorizonNYC.com]; Leibowitz, Neil [Neil.Leibowitz@CorizonNYC.com]; Mills, Tanisha [tanisha.mills@doc.nyc.gov]; Mingo, Maxsolaine [maxsolaine.mingo@doc.nyc.gov]; Gallagher, John [john.gallagher@doc.nyc.gov]; Williams, Freeman [freeman.williams@doc.nyc.gov]; Hyde, Dorrell [Dorrell.Hyde@CorizonNYC.com]; Kennedy, Lauren [Lauren.Kennedy@CorizonNYC.com]; Vormittag, Martha [Martha.Vormittag@CorizonNYC.com]; Castellanos, Carlos [Carlos.Castellanos@CorizonNYC.com]
Subject: AMKC Incident with S. Medich - 8.11.15
Attachments: image2559.pdf
Importance: High

Please see the attached incident report form that was completed by Ms. Medich for an incident that occurred in the Harts Island Clinic today at approximately 11am.

Naresh

Naresh D. Ramlochan, CCHP
Health Service Administrator
AMKC C-95 / C-71



IP Phone: 347.774.7405

Doc: 718.546.3643

Cell: 347.899.1779

Fax: 347.774.8061

E-Mail: Naresh.Ramlochan@corizonnyc.com

Mailing: 18-18 Hazen Street | East Elmhurst, NY 11370

www.CorizonHealth.com

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PRINT OR TYPE ALL INFORMATION

INCIDENT REPORT FORM

| | | | |
|--|--|---|--|
| FACILITY: <u>AMKC</u> | | DATE OF REPORT: <u>8 / 11 / 2015</u> | |
| DATE OF INCIDENT: <u>8 / 11 / 2015</u> | | TIME OF INCIDENT: <u>11 AM</u> | |
| LOCATION: <u>Hearts Island</u> | | TYPE OF INCIDENT: <u>inappropriate touch</u> | |
| SUBMITTED BY: <u>Medich-Lubiric SANJA M.H. Clinician</u> | | | |
| (LAST NAME) | | (FIRST NAME) (RANK) (SHIELD #) | |
| POST ASSIGNED AT TIME OF INCIDENT: <u>Mental Health Clinician</u> | | TOUR WORKING AT TIME OF INCIDENT () 11-7 () 7-3 () 3-11 (X) other | |

IF FORCE WAS USED: Include in the section below the specific events and actions by the inmate(s) which led to or caused the incident, the actions which made the use of force necessary in the circumstances, and the type and extent of force used. Provide as much detail as possible.

NO FORCE NEEDED

DESCRIBE INCIDENT IN DETAIL ("WHO", "WHAT", "WHERE", "WHEN", "WHY")

R. F. BOOKING CASE
Ny identification no
CAME FROM BEHIND WHILE I WAS TALKING TO THE INMATE A. B. for MH follow up. He MOVED IN A WAY THAT I DID NOT NOTICE HIM. I FELT TOUCH ON MY RIGHT HIP AND BY THE TIME I TURNED AROUND OFFICER WAS RIGH THERE TO PROTECT ME. The INMATE R. F. ACTED AS IF NOTHING HAPPENED. I CONFRONTED HIM WITH HOW INAPPROPRIATE HIS BEHAVIOR IS, HOW IT CALLS FOR A TICKET AND THAT HE NEEDS TO APOLOGIZE. He said I appologize and he left. ONCE HE WAS REMOVED FROM THE AREA I took information from the officer AND CALLED FOR A CAPTAIN. I FELT DISRESPECTED, VIOLATED AS A FEMALE WORKING IN THE JAIL, ESPECIALLY BECAUSE HIS ATTITUDE WAS AS IF HE CAN GET AWAY WITH BEHAVIORS LIKE THIS WITHOUT A CONSEQUENCE.

(FOR ADDITIONAL SPACE USE FORM 600R)

ADDITIONAL INFORMATION ► OTHER SIDE

SUPERVISOR NOTIFIED:

8.11.15 1130

DATE

TIME

Williams

(Last Name)

B

(First Name)

Capt

(Rank)

695

(Shield #)

WAS CONTRABAND RECOVERED? () YES (X) NO IF YES, DESCRIBE CONTRABAND (INCLUDE HOW CONTRABAND IS MARKED FOR FUTURE IDENTIFICATION PURPOSES: _____

CONTRABAND SURRENDERED TO: _____

(Last Name)

(First Name)

(Rank)

(Shield #)

INMATE INVOLVEMENT

LAST NAME

FIRST NAME

BOOK & CASE #

LOCATION

INFRACTION

INJURY REPORT

() YES () NO

() YES () NO

() YES () NO

() YES () NO

() YES () NO

() YES () NO

() YES () NO

() YES () NO

() YES () NO

() YES () NO

() YES () NO

() YES () NO

EMPLOYEE INVOLVEMENT

LAST NAME

FIRST NAME

RANK/TITLE

SHIELD/ID #

WITNESS TO INCIDENT

Nugent

Latoya

CO

18109

() YES () NO

() YES () NO

() YES () NO

() YES () NO

DO YOU CLAIM ANY INJURIES REGARDING THIS INCIDENT? () YES (X) NO

DESCRIBE CLAIMED INJURIES: _____

COMPENSATION PAPERS SUBMITTED: () YES (X) NO

SIGNATURE OF PERSON PREPARING REPORT: _____

Santibañez

From: Kennedy, Lauren [Lauren.Kennedy@CorizonNYC.com]
Sent: 8/11/2015 10:28:32 PM
To: Gallagher, John [john.gallagher@doc.nyc.gov]
Subject: Re: AMKC Incident with S. Medich - 8.11.15
Attachments: image002.png

Thank you

Sent from my iPhone

On Aug 11, 2015, at 6:07 PM, Gallagher, John <John.Gallagher@doc.nyc.gov> wrote:

I spoke to her regarding this incident. An infraction was written. Any further problems let me know.
Thanks

From: Ramlochan, Naresh [mailto:Naresh.Ramlochan@CorizonNYC.com]
Sent: Tuesday, August 11, 2015 03:47 PM
To: Yussuff, Fazal <Fazal.Yussuff@CorizonNYC.com>; Cowan, Jay <Jay.Cowan@CorizonNYC.com>; Leibowitz, Neil <Neil.Leibowitz@CorizonNYC.com>; Mills, Tanisha; Mingo, Maxsolaine; Gallagher, John; Williams, Freeman; Hyde, Dorrell <Dorrell.Hyde@CorizonNYC.com>; Kennedy, Lauren <Lauren.Kennedy@CorizonNYC.com>; Vormittag, Martha <Martha.Vormittag@CorizonNYC.com>; Castellanos, Carlos <Carlos.Castellanos@CorizonNYC.com>
Subject: AMKC Incident with S. Medich - 8.11.15

Please see the attached incident report form that was completed by Ms. Medich for an incident that occurred in the Harts Island Clinic today at approximately 11am.

Naresh

Naresh D. Ramlochan, CCHP
Health Service Administrator
AMKC C-95 / C-71
<image002.png>
IP Phone: 347.774.7405
Doc: 718.546.3643
Cell: 347.899.1779
Fax: 347.774.8061
E-Mail: Naresh.Ramlochan@corizonnyc.com
Mailing: 18-18 Hazen Street | East Elmhurst, NY 11370
www.CorizonHealth.com

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From: Ramlochan, Naresh [Naresh.Ramlochan@CorizonNYC.com]
Sent: 8/12/2015 11:17:53 AM
To: Gallagher, John [john.gallagher@doc.nyc.gov]
Subject: Re: AMKC Incident with S. Medich - 8.11.15
Attachments: image002.png

Thank you I sent this out to make my staff aware of what's being done when such an incident occurs in the facility. Thanks again for helping us out with this incident.

Naresh

Sent from my iPhone

On Aug 11, 2015, at 6:05 PM, Gallagher, John <John.Gallagher@doc.nyc.gov> wrote:

I spoke to her.thanks

From: Ramlochan, Naresh [mailto:Naresh.Ramlochan@CorizonNYC.com]
Sent: Tuesday, August 11, 2015 03:47 PM
To: Yussuff, Fazal <Fazal.Yussuff@CorizonNYC.com>; Cowan, Jay <Jay.Cowan@CorizonNYC.com>; Leibowitz, Neil <Neil.Leibowitz@CorizonNYC.com>; Mills, Tanisha; Mingo, Maxsolaine; Gallagher, John; Williams, Freeman; Hyde, Dorrell <Dorrell.Hyde@CorizonNYC.com>; Kennedy, Lauren <Lauren.Kennedy@CorizonNYC.com>; Vormittag, Martha <Martha.Vormittag@CorizonNYC.com>; Castellanos, Carlos <Carlos.Castellanos@CorizonNYC.com>
Subject: AMKC Incident with S. Medich - 8.11.15

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Naresh

Naresh D. Ramlochan, CCHP
 Health Service Administrator
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IP Phone: 347.774.7405
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Exhibit 26

Unneland, Linda

From: Greenberg, Naomi
Sent: Tuesday, March 04, 2014 3:38 PM
To: Harris, Andiea
Subject: RE: Following up!

Hi Dr. Harris,

Thank you for your e-mail. I believe you are referring to the incident last night at AMKC. Since GRVC is my primary facility, I don't believe transferring would be beneficial at this time.

I do believe that staff safety remains a concern that needs to be further addressed. Numerous staff members have voiced their feelings regarding feeling unsafe on the units - especially at C-71, where there is often only 1 DOC officer present on the unit with over 40 SMI patients.

Looking forward to continuing this discussion of staff safety at Grand Rounds with you tomorrow, as well as implementing some positive changes in order to create a safer work environment for all.

Best,
Naomi

From: Harris, Andiea
Sent: Tuesday, March 04, 2014 2:14 PM
To: Greenberg, Naomi
Subject: Following up!

Hi!
I hope this email finds you well!

Just following up on whether you'd like to transfer to a different facility given the recent situation?

Thank you.

A. Harris, Ph.D., CCHP
Mental Health Deputy Director
Rikers Island Correctional Facility

Correctional Medical Associates of New York, P.C.



Correctional Dental Associates of New York, P.C.

Phone: 718-546-5143

Cell: 347-409-9804

Fax: 718-546-5111

E-Mail: Andiea.Harris@CorizonNYC.com

Mailing: 49-04 19th Avenue | Astoria, NY 11105

www.CorizonHealth.com

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Unneland, Linda

From: Greenberg, Naomi
Sent: Monday, March 10, 2014 12:17 PM
To: Unneland, Linda
Subject: FW: Staff Safety Presentation

From: McNerney, Eileen
Sent: Monday, March 10, 2014 10:42 AM
To: Greenberg, Naomi
Cc: Donahue, Jerome P.
Subject: RE: Staff Safety Presentation

Hi Naomi: We are placing tremendous pressure on DOC to improve safety. With respect to the safety committees, I understand that they are being reconfigured this week, so that each building will have its own committee. You may want to volunteer to be on the GRVA committee. Why don't you come by again tomorrow and we can discuss further. Eileen

From: Greenberg, Naomi
Sent: Monday, March 10, 2014 9:17 AM
To: McNerney, Eileen
Subject: Staff Safety Presentation

Hi Eileen,

Hope all is well!

I wanted to touch base with you regarding the staff safety presentation. I was incredibly disappointed by Corizon's approach to staff safety, most particularly putting the burden on the staff. I understand and appreciate that staff should be aware of their surroundings and do their best to eliminate risks; however, I do not feel as if Corizon is taking any steps, other than creating these "safety committees," in addressing this problem.

The presentation seemed to focus on medical staff and the reduction of risks (i.e. calling in DOC, being aware of surroundings, removing yourself from patients appearing to be hostile); however, the presentation lacked focus on mental health staff, who are often called to evaluate patients for capacity or see patients that are psychotic, paranoid, and aggressive. Following the presentation on Wednesday, I, as well as a few colleagues, tried to address this concern with Angela and Dr. Zuckerman; however, we were pretty much brushed aside.

In addition, a fellow MH staff member and I brought to Angela and Dr. Zuckerman's attention the physical layout of many of the areas where mental health staff is seeing patients. You are already aware of C-71, where there is often 1 officer for 40-50 patients on a dorm. The clinic at GRVC, where GP patients are seen by mental health/medical is extremely hazardous. There are no escape routes (they are blocked with furniture or have be permanently sealed), there are no panic buttons, DOC has no direct line of vision into the area, and the patient/inmate chair blocks the staff only exit route out of the cubicle. If Corizon is truly interested in reducing risk to staff, then addressing these issues should be paramount. These concerns were also addressed following the meeting to Dr. Zuckerman and Angela, to which we were informed to address them with our building safety committees (which I may add have not been mentioned at all since the meeting). In fact, on Wednesday afternoon after the meeting, an incident occurred in the main clinic where a patient was seeing medical staff and the doctor was unaware that DOC walked away. Since DOC is not in our direct sight (and

we are not in their direct sight), the doctor was unaware that the officer was not in the area. The patient became irritate and hostile. Also, another incident occurred in GRVC clinic after the meeting involving an aggressive patient in the clinic. Apparently the suggestions made by Corizon involving putting the burden of safety of staff is an unrealistic solution.

Overall, I felt more frustrated after the presentation. While I agree that Angela's approach in "pressing the reset button" is important to move ahead, I feel that Corizon's overall inability to take responsibility for the numerous potential hazards and safety concerns is putting all staff at risk. Since there has been no mention of these safety committees and I personally feel that Corizon has a lackadaisical approach to this issue, I decided to follow-up with you, as per our discussion several weeks prior. I suggest DOHMH/Corizon putting more pressure on DOC to be accountable as well as increasing the presence of DOC in areas where civilian staff is seeing patients. I also suggest for the concerns regarding the physical environment to be addressed ASAP.

I am interested to hear your thoughts regarding this matter.

Thanks,
Naomi

Unneland, Linda

From: Greenberg, Naomi
Sent: Tuesday, April 22, 2014 12:56 PM
To: Rosenberg, David
Cc: Dist - Rikers Psych-Admin; Minervini, Christina; Radcliffe, Fiona; Cowan, Jay
Subject: RE: meeting April 21 at GRVC

Thank you Dr. Rosenberg. I appreciate you and Dr. Cowan taking the time to meet with me yesterday to extend the offer to transfer to a different facility. As I mentioned yesterday, at this time, I would like to stay at GRVC. I am hopeful that there will be positive changes to increase staff safety island wide, as it is in everyone's best interests.

Thank you again for the offer.

Best,
Naomi

-----Original Message-----

From: Rosenberg, David
Sent: Tuesday, April 22, 2014 10:03 AM
To: Greenberg, Naomi
Cc: Dist - Rikers Psych-Admin; Minervini, Christina; Radcliffe, Fiona; Cowan, Jay
Subject: meeting April 21 at GRVC

Hello Naomi

I just wanted to thank you for taking the time to meet with DR. Cowan, Dr. Radcliffe and me yesterday to discuss your concerns about safety for our staff at GRVC and Island wide. We appreciate all that you do for us and want you to know that the safety of our staff is a number one priority. As we discussed, our offer to reassign you to an area where you may feel safer and more comfortable stands. We understand and respect your decision to stay at GRVC in your current assignment, but should you change your mind, please do not hesitate to reach out to one of us.

Thank you again

David Rosenberg, M.D.
Supervising Psychiatrist
Rikers Island Correctional Facility
Correctional Medical Associates of New York, P.C.
Cell: 646-717-4061
Fax: 718-546-5111
E-Mail: David.Rosenberg@CorizonNYC.com
Mailing: 49-04 19th Avenue | Astoria, NY 11105

Greenberg, Naomi

From: Kennedy, Lauren
Sent: Monday, March 03, 2014 7:07 PM
To: Greenberg, Naomi
Cc: Hyde, Dorrell; Linick, Jessica; Radcliffe, Fiona; Unneland, Linda; Grabowski, Robert; Francois, Anne; Petraro, Anne; Bustamante-Quon, Richard; Donovan, Janine; Gershfield, Gary; Graves, Gary; Jensen, James; Suarez, Froilan; Thompson, Serena; Frazier, Jimmie D.; Rodriguez, Kristina; Kreyman, Inna
Subject: Re: Disruptive and threatening patients on M1LA

I am very sorry for your experience. Thank you for calling attention to it. This will be noted going forward.

Sent from my iPhone

On Mar 3, 2014, at 6:50 PM, "Greenberg, Naomi" <Naomi.Greenberg@CorizonNYC.com> wrote:

Good evening,

Upon attempting to see Mr. R [REDACTED] for SW assessment on M1LA, Mr. W [REDACTED] came and sat down at the table adjacent to Mr. R [REDACTED]. He began masturbating and was calling for my attention. I asked DOC to intervene, which they agreed to. Mr. W [REDACTED], who was observing DOCs intervention with Mr. W [REDACTED], became very aggressive and lunged towards me. He was threatening to inflict bodily harm to me and began yelling expletives. DOC quickly escorted me off of the unit.

From chart review, it appears that Mr. W [REDACTED] is inappropriate and threatening to female staff, and that both his mental health clinician and his psychiatrist have been assigned to male staff members. I wanted to make AMKC staff aware of this incident in an effort to further limit his contact with females and avoid future conflicts in general.

Best,
Naomi

Greenberg, Naomi

From: Radcliffe, Fiona
Sent: Monday, April 21, 2014 12:21 PM
To: Greenberg, Naomi; Summers, Shaun
Cc: Cyrus-Savary, Sharon; Minervini, Christina; Ciali, Samuel; Leibowitz, Neil; Harris, Andiea; Cowan, Jay; Stewart, Winsome; Rosenberg, David; Kang, Sang
Subject: RE: Question

Thank you, Naomi. Sharon just finished telling me the below information as well (except that we didn't have the name of the person who had threatened you from 11B). We are meeting at 2pm, at our case conference, with Drs. Rosenberg and Cowan to discuss W [REDACTED], J [REDACTED]. We will discuss the other patients/issues at that time as well.

As DOC suggested, no one should go on the 11B side unless there is an escort present. You should not go in there at all today given the threat from Mr. J [REDACTED]. I'll attempt to have rounds conducted when they are locked in this afternoon. I was already giving Luke the other half of Kip's list so don't worry about rescheduling, I'll take care of that.

Regarding Mr. B [REDACTED], I had sent an email to all staff on 3/28 with the below telephone encounter section. We assigned Luke to him for that reason. Given the recent escalation, I will go ahead and submit a transfer for him to move from 11A to 11B given that we have only male clinicians there. Again, we'll discuss further in case conference.

Thanks and see you in a bit.

Fiona Radcliffe, Ph.D.

Rikers Island Correctional Facility
Clinical Supervisor, GRVC/AMKC
CORRECTIONAL MEDICAL ASSOCIATES OF NEW YORK, P.C.
Office: 718-546-2127
Fax: 718-546-2238
E-Mail: Fiona.Radcliffe@CorizonNYC.com
Mailing: 49-04 19th Avenue | Astoria, NY 11105
www.PHSCorrections.com

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From: Greenberg, Naomi
Sent: Monday, April 21, 2014 11:50 AM
To: Radcliffe, Fiona; Summers, Shaun
Cc: Cyrus-Savary, Sharon; Minervini, Christina; Ciali, Samuel; Leibowitz, Neil; Harris, Andiea; Cowan, Jay; Stewart, Winsome; Rosenberg, David; Kang, Sang
Subject: RE: Question

Hi Dr. Radcliffe,

I was actually not able to get on to the B side today for rounds. It was extremely hectic. The steady MH officer James was taken from his post and not replaced. Capt. Mitchell was notified several times. I will document this in the rounds sheets accordingly.

L [REDACTED] J [REDACTED] (11B) was threatening me as we were inside the bubble. He has previously threatened me during other encounters on the B side.

The DOC MH escort for the A side advised us not to go on the unit due to the tension and threats. He was able to bring Sharon's individual patients from the B side to the A side to use the MH office. I was hoping to do the same for Klip's patients; however, one patient was at the barbershop and the other patient was locked in as per DOC security concerns. I will schedule them forward for tomorrow if you'd like.

Also, B [REDACTED], Z [REDACTED] was demanding that Sharon, our intern, not interact with him. He was quite angry and intimidating. Two officers had to stand between him and I. On Thursday, he demanded that discharge planning staff not speak to him, as he doesn't like when "black women" try to talk to him. As per IIS, he is here for Rape 1.

In addition, as per 3/27/14 Telephone Encounter, Ms. Asaro from GMDC writes "This patient is being transferred from GMDC's MO Cell housing area to GRVC's Cell housing area. Patient has a history of aggressive behavior towards female staff and has been becoming increasingly antagonistic towards the only male psych staff in GMDC. In addition, this patient is reported to be antagonistic towards steady DOC officers on his unit. Case has been conferenced and patient will transfer to GRVC. TNF Submitted this date." I am also requesting that Mr. E [REDACTED] will be transferred off of this unit with two female clinicians as well as a female student intern.

Thank you for your attention.
Naomi

From: Radcliffe, Fiona
Sent: Monday, April 21, 2014 11:22 AM
To: Summers, Shaun
Cc: Greenberg, Naomi
Subject: RE: Question

Yes, that is fine.

Fiona Radcliffe, Ph.D.
Rikers Island Correctional Facility
Clinical Supervisor, GRVC/AMKC
CORRECTIONAL MEDICAL ASSOCIATES OF NEW YORK, P.C.
Office: 718-546-2127
Fax: 718-546-2238
E-Mail: Fiona.Radcliffe@CorizonNYC.com
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From: Summers, Shaun
Sent: Monday, April 21, 2014 9:34 AM
To: Radcliffe, Fiona
Subject: Question

Greenberg wanted to know if it's alright for her not to do groups today because of what we spoke about asking her to cover the rounds on 11B (& 11A of course) and some of kippling list?

Shaun Summers
GRVC MH Clerk
715-546-2127

Villanueva, Johanna

From: McNerney, Eileen
Sent: Wednesday, March 12, 2014 11:10 AM
To: Villanueva, Johanna
Subject: FW: Meeting with Naomi Greenberg on Sunday February 23, 2014

Please print and place in Naomi Greenberg's file.

From: McNerney, Eileen
Sent: Wednesday, March 12, 2014 11:05 AM
To: Leibowitz, Neil; Harris, Andiea; Donahue, Jerome P.
Subject: Meeting with Naomi Greenberg on Sunday February 23, 2014

Hi Everyone:

As I may have mentioned, I was in on February 23 and met with Naomi about her concerns. Here are my notes documenting her suggestions regarding making it a safer and better place to work:

- Management should come around more often;
- Petty cash fund for coffee in each facility;
- Recognition for one year service;
- DOHMH makes bogus referrals to MH (Collette);
- Brown bag lunches with speakers; and
- MH get-togethers

Other comments: she feels that there is a disconnect between MH and line staff; what efforts are being made; we must nurture staff that is there.

I hope this is helpful. She requested another meeting, and we are meeting with her today at HR.

Eileen

From: Greenberg, Naomi
Sent: Sunday, February 23, 2014 10:44 AM
To: McNerney, Eileen
Subject: RE: 2/11/14 Incident Report in 12 Main

Hi Eileen,

Thank you for your response. Yes, I would like to speak to you regarding 12 main and the meeting with Dr. Harris.

Yes, I am here, at AMKC. If you would like to meet, I'm happy to speak to you, if not, Tuesday I will be at GRVC. I'm not sure if I am working any evenings this week, I haven't spoken to operations.

Best,
Naomi

From: McNerney, Eileen
Sent: Sunday, February 23, 2014 10:41 AM

To: Greenberg, Naomi
Subject: RE: 2/11/14 Incident Report in 12 Main

Hi I could not come back to GRVC, as I had way too much work. I would like to speak with you. On Monday, I have Orientation and meetings for most of the day. I will stop by on Tuesday. Are you working any evenings this week? Perhaps I can stop by then as well.

I am anxious to hear about the meeting that Dr. Harris held with you. I have gone on several tours of 12 Main and I am really concerned. I want to do everything I can from my end, so let's try to make contact.

I am in today (Sunday), in the event that you get this message.

Thanks,
Eileen

From: Greenberg, Naomi
Sent: Friday, February 21, 2014 10:20 AM
To: McNerney, Eileen
Subject: RE: 2/11/14 Incident Report in 12 Main

Feel free to stop by the unit, or if you'd like, Dr Donnelly can call me up front. I'm stepping away from the computer for a bit.

Thanks

From: McNerney, Eileen
Sent: Friday, February 21, 2014 10:18 AM
To: Greenberg, Naomi
Subject: RE: 2/11/14 Incident Report in 12 Main

Call me 7294

From: Greenberg, Naomi
Sent: Friday, February 21, 2014 10:18 AM
To: McNerney, Eileen
Subject: RE: 2/11/14 Incident Report in 12 Main

Would love to speak to you – believe Dr Harris is coming by at 2 also

From: McNerney, Eileen
Sent: Friday, February 21, 2014 10:16 AM
To: Greenberg, Naomi
Subject: RE: 2/11/14 Incident Report in 12 Main

Hi Naomi:

I was over to see you this morning. Sorry I missed you. Will try again. Eileen

From: Greenberg, Naomi
Sent: Friday, February 21, 2014 8:10 AM

To: McNerney, Eileen
Subject: RE: 2/11/14 Incident Report in 12 Main

Hi Eileen,

I apologize, I was out of the office and am just returning today. I'll be in GRVC today if you would like to speak. I did see your safety and security tips e-mail.

Thank you,
Naomi

From: McNerney, Eileen
Sent: Thursday, February 13, 2014 4:52 PM
To: Greenberg, Naomi
Subject: Re: 2/11/14 Incident Report in 12 Main

Hi Naomi: Are you working tomorrow 8-4? I would like to speak with you to get some ideas for improvement. Call me 347.899.1887. Thanks Eileen

Sent from my iPhone

On Feb 13, 2014, at 12:08 PM, "Greenberg, Naomi" <Naomi.Greenberg@CorizonNYC.com> wrote:

Good afternoon,

I hope everyone is safe and well. I believe most of you are aware of the incident that occurred on 2/11/2014 in 12 Main. If not, I was the victim of assault by John Doe, a patient currently housed in 12 Main at GRVC. At approximately 11:45 am, I arrived on the unit to inform another patient that due to the showers being utilized, I would not be able to bring him to the interview room for a session at the time. (For those of you who have not been on the unit, the room that is utilized for mental health sessions is located adjacent to the showers). Before I was able to speak to my scheduled patient, without provocation, John Doe threw an unknown substance at me through his open slot. This substance hit my back, neck, and hair. As per DOC, patient was upset that he could not utilize social services on that particular day, as Wednesdays are 12 Main's scheduled day to access the service.

It is my hope that none of you have experienced this type of situation throughout the course of your careers on or off Rikers Island. This assault was the most demeaning, embarrassing, and hurtful act that I have experienced during my career. I am fully aware that by working with this population, we are faced with some degree of volitional behaviors from our patients; however, I do not expect to be the victim of assault or continued sexual harassment, which has been the case on a daily basis on 12 Main.

I spoke with my unit chief Christina Minervini, Dr. Panove, and Dr. Zuckerman regarding my thoughts of the housing area. Christina has provided an incredible amount of emotional support and adjusted my schedule so that I am not assigned any patients on 12 Main. However, I would like to make you all aware that I have serious reservations regarding the proposed programming and subsequently the safety of the civilian staff on the unit. Both myself and the evening clinician, Ms. Torres, have been victims of assault by two patients on 12 main. Upon conducting rounds or seeing patients on the unit, I am exposed to several of the patient's genitals as well as sexually harassed – the most concerning and inappropriate patient being Redacted. Christina has made every effort to limit the amount of time female clinicians are on the unit due to Redacted's sexual inappropriateness; however, due to staffing limitations, this is not always a feasible option. I believe Mr. Doe is being charged with a felony assault, although typically jail charges are run concurrent with street cases, meaning that there are no consequences for his actions. I observed the maintenance staff installing splash guards in 12 Main today;

however, from my experience working on MHAUII, I know that these guards are not fully effective and appear to be merely putting a Band-Aid on a much larger issue – staff safety. I feel as if my physical safety and emotional health are comprised on a daily basis.

A majority of the patients housed on this unit have hundreds of box days and are facing incredibly serious cases. These patients have minimal motivation to be compliant with programming, even with the added incentives of TV time, extra visit time, etc. as well as the potential to be transferred to RHU/CAPS program. If a patient was transferred to RHU and owes 653, such as Redacted, my understanding is that he would have to complete half of those days in order to be transferred back to GP/MO housing. Redacted, who has already been sentenced to 15 years to life, was originally offered CAPS program and declined the program, has told me that he has no interest in transferring to a program unit such as RHU or CAPS. In this particular case, what is Redacted's motivation for treatment? Also, I have yet to mention gang affiliation, which as we know leads to serious altercations, as evident in Redacted 3 alleged slashings in the RHU and Redacted alleged slashing in the AMKC RHU. These two patients are both currently housed on 12 Main. Is Redacted appropriate for RHU programming if he displays 3 weeks of behavioral control after seriously assaulting 3 of his peers? These documented incidents of violence occurred in housing areas or where MH staff is expected to work and provide treatment, although the security provided on these units is not adequate to ensure the safety of civilian staff and other patients. While I agree that these patients need treatment, the staff's wellbeing should be paramount.

I have reviewed the current proposed programming for 12 Main and have heard in a bit more detail from Dr. Panove about the expectations for MHCs and students for this unit. The physical layout of the housing area does not allow for these types of programming to occur and quite frankly, the burden on the staff, even for 9 patients, is tremendous. Even with assistance from students, I can foresee the incredible burden on MHCs. **There is no incentive for mental health clinicians to work on these types of program units** (CAPS, RHU, 12 Main, MO program housing). My salary is actually lower, due to the amount of time that I have been licensed, as my colleagues who work in general population. While I do believe that those who have been licensed longer should be recognized and paid accordingly, I don't believe that it is fair those mental health clinicians who are faced with the circumstances described above, should be compensated similar to staff who work in the general population settings. I believe that the lack of incentives and the lack of staff support is reflected in Corizon's poor staff retention rates at Rikers, as well as the added mental toll and increased burn-out. While I appreciate the emotional support I received from some of you since the incident occurred, I am interested to hear your thoughts on this matter and look forward to positive changes in patient care, preventing burn-out, increasing staff morale, and improving staff safety.

Thank you for attention in this matter.

Best,
Naomi Greenberg, LMSW

To: Dist - Rikers Exec Team[execteam@CorizonNYC.com]; Dist - Rikers Incident/Fatality Notification[Dist-RikersIncident_FatalityNotification@CorizonNYC.com]
Cc: Blair Lawson[blawson@health.nyc.gov]; Minervini, Christina[Christina.Minervini@corizonnyc.com]; Robinson, Paul[Paul.Robinson@CorizonNYC.com]
From: Castellanos, Carlos
Sent: Tue 2/11/2014 6:55:26 PM (UTC)
Subject: GRVC- Splashing Incident Report 2.11.14

GRVC- Splashing Incident Report 2.11.14

On February 11, 2014 at approximately 12:45pm GRVC team leaders reported that MHC Naomi Greenberg was splashed on her back and part of her hair by Patient J [REDACTED] D [REDACTED] (cell # 9) while conducting rounds in housing area 12MAIN. The type of liquid utilized in the splashing is still unknown at this time; however DOC took her clothes as evidence.

MHC Greenburg is currently being evaluated by medical and will be released from today's job assignments.

The required DOHMH incident report will be submitted upon confirmation of the disciplinary action against Pt. John Doe.

Thank you,

Carlos Castellanos
Asst. Dir. of Operations
Rikers Island Correctional Facility - West Facility Trailer II

From: Lerman, Sandy [Sandy.Lerman@CorizonNYC.com]
Sent: 2/12/2014 7:35:22 PM
To: Dist - Rikers Incident/Fatality Notification [Dist-RikersIncident_FatalityNotification@CorizonNYC.com]
Subject: Splashing Incident in GRVC
Attachments: CHS Incident Report--GRVC - NGreenberg--Splashing--2-11-14.doc

Please see the attached Splashing Incident report.
Thank you.

INCIDENT REPORTING FORM

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|---|-------------------------------|---------------------------|---|
| Date & Time of Incident | February 11, 2014 – 11:45 am | Location of Incident | GRVC – 12 Main |
| Date & Time Initially Reported | February 11, 2014 – 1:00 p.m. | Person Initially Notified | <input type="checkbox"/> CHS Director of Risk Management : <input type="checkbox"/> CHS On-Call Administrator: |
| Type of Incident (check one) <ul style="list-style-type: none"> <input type="checkbox"/> Incident jeopardizing patient's life – e.g., major medication error <input type="checkbox"/> Allegation of abuse or neglect by staff – e.g., physical or sexual assault <input type="checkbox"/> Treatment or procedure provided to incorrect patient <input type="checkbox"/> Incorrect Procedure or Treatment – e.g., wrong tooth pulled, incorrect blood work performed <input type="checkbox"/> Cardio-respiratory arrest – e.g., complete loss of pulse and/or respiration (other than those that result in a death) <input type="checkbox"/> Major procedural or therapeutic complication – e.g., patient suffers a pneumothorax after insertion of a central line, obstetrical complication <input type="checkbox"/> Accident or Altercation that results in injury in CDU, NIC or RMSC Infirmary or Urgicare – e.g., fall from gurney, injury as a result of patient fight in the infirmary <input type="checkbox"/> Employee strike or notice to strike against healthcare provider <input type="checkbox"/> DOC-related event or situation (e.g., TSO, alarm, lock-down, Work action, bus accident) resulting in a cessation of all routine services by medical and nursing staff for 4 or more hours <input type="checkbox"/> Termination or significant reduction of services (e.g., telephone, electric, water, elevator service) that significantly disrupts the provision of patient care <input type="checkbox"/> Fire disrupting patient care <input type="checkbox"/> Equipment malfunction that causes harm to a patient or staff, during treatment or diagnosis, or a defective product which did or could have adversely affected a patient or staff – e.g., defibrillator paddles short out and set fire to a patient <input type="checkbox"/> Arrest of an employee (on or off duty) <input checked="" type="checkbox"/> Commission of an act, relating to health care operations, that may subject an individual to criminal prosecution – e.g., assault on medical staff, forging of a prescription | | | |
| Detailed Description of Incident (provide written narrative of incident, including, if appropriate, name[s] of staff involved, impact on clinic operations, finding as to causation, and corrective action taken or planned [including timetable for implementation], if action was warranted) | | | |
| <p>On February 11, 2014, at approximately 11:45 a.m., MH Clinician Naomi Greenberg was splashed on her back and part of her hair with an unknown liquid by J ■ D ■ ■ ■ ■ ■. The incident took place in 12-Main, in the presence of ADW Texeria, as Ms. Greenberg was passing Mr. D ■ ■'s cell (#9).</p> <p>Ms. Greenberg was seen by Dr. Ranjan and was released from work to visit her private physician. She is expected back at work on Thursday. Disciplinary, if not legal, action against Mr. D ■ ■ is expected. Her upper clothing was given to the GRVC Tour Commander as evidence in any legal proceedings against Mr. D ■ ■.</p> | | | |
| Name & Title of Person Completing Form: Paul Robinson, Health Service Administrator, GRVC Clinic | | | |
| Today's Date: February 11, 2014 | | | |